

Case Number:	CM15-0079946		
Date Assigned:	04/30/2015	Date of Injury:	12/15/2011
Decision Date:	06/10/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old female, who sustained an industrial injury on December 15, 2011. She reported low back pain and bilateral knee pain. The injured worker was diagnosed as having myoligamentous strain of the lumbar spine with disc herniation, inflammatory process of the left knee with degenerative changes and right knee pain secondary to compensation for left knee pain, degenerative cervical intervertebral disc, cervicalgia, brachial neuritis/radiculitis and neuralgia and neuritis. Treatment to date has included diagnostic studies, acupuncture, chiropractic care, medications, lumbar epidural injection and work restrictions. Currently, the injured worker complains of neck pain, low back pain, bilateral knee pain and radiating pain from the low back to the left leg and ankle with associated weakness. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on February 6, 2015, revealed continued pain although it is noted she reported improvement with acupuncture and chiropractic care. Pain patches were requested.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MED Retro Terocin patches #30 DOS: 02/26/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.