

Case Number:	CM13-0014148		
Date Assigned:	09/20/2013	Date of Injury:	02/07/2006
Decision Date:	01/15/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 7, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; topical compound; attorney representation; prior lumbar fusion surgery of March 19, 2013; and extensive periods of time off of work, on total temporary disability. In a utilization review report of August 9, 2013, the claims administrator denied a request for topical Terocin. The applicant's attorney later appealed, on August 19, 2013. In a questionnaire of August 26, 2013, the applicant acknowledges that she is 90% worse and is not working. She is on Norco and Valium for pain relief. An associated progress note of August 26, 2013 is notable for comments that the applicant reports 8 to 9/10 low back pain with radiation to the bilateral lower extremities. The applicant is receiving chiropractic manipulative therapy with unknown results. Lower extremity strength is diminished in the 4+ to 5-/5 range. The applicant exhibits an antalgic gait requiring usage of a cane. Work restrictions are again endorsed, which are apparently not being accommodated by the employer. In an another applicant questionnaire of July 19, 2013, the applicant herself states that the topical cream does not decrease her pain level, does not help her to sleep better, and does not allow her to take fewer oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Terocin 4oz #1 between 7/9/2013 and 7/9/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: The MTUS/ACOEM Guidelines indicate that oral pharmaceuticals are a first-line palliative method. The Chronic Pain Guidelines indicate that topical analgesics are recommended as an option, and is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the applicant is using first line oral pharmaceutical, namely Norco admittedly with poor effect, effectively obviating the need for topical compound such as Terocin. In this case, it is further noted that the applicant has used Terocin chronically and failed to derive any lasting benefit or functional improvement through prior usage of the same. The applicant, per her own self report, states that Terocin is not working, is not generating any pain relief, and is not reducing her consumption of oral medications. The request for one (1) prescription of Terocin 4oz #1 between 7/9/2013 and 7/9/2013 is not medically necessary and appropriate.