

Case Number:	CM13-0015768		
Date Assigned:	10/10/2013	Date of Injury:	06/24/2011
Decision Date:	02/05/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/23/2013

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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 wrist, hand, and arm pain reportedly associated with an industrial injury of June 24, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of hand therapy and occupational therapy; topical agents; unspecified amounts of acupunctures; initial return to modified work; and subsequent imposition of work restriction. It is unclear whether the applicant is presently working. In a Utilization Review report of August 14, 2013, the claims administrator denied a request for topical Terocin, Dendracin, and Flexeril. The applicant's attorney later appealed. In a September 2, 2013, appeal letter, the attending provider sets forth an appeal on the medications in question. An earlier note of August 28, 2013, is notable for comments that the applicant is using Naprosyn and Neurontin for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Ointments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): s 05, 112-113.

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are "largely experimental," primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, however, the applicant is reportedly using oral Neurontin, and anticonvulsants with good effect, effectively obviating the need for the largely experimental Terocin. Therefore, the request remains non-certified.

Dendracin ointment 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): s 105, 112-113.

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

Decision rationale: The applicant's usage of oral Neurontin, an anticonvulsant medication, effectively obviates the need for the largely experimental Dendracin compound, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines.

Flexeril 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amix, Fexmid, generic available), Page(.).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®) Page(s): 41.

Decision rationale: As noted on Page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using other first-line oral pharmaceuticals, including Naprosyn, an NSAID. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not certified.