

Case Number:	CM13-0019021		
Date Assigned:	10/11/2013	Date of Injury:	06/18/2002
Decision Date:	01/24/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/03/2013

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] human resources employee who has filed a claim for chronic upper back, low back, knee, and neck pain reportedly associated with an industrial injury. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; topical compounds; attorney representation; and anxiolytic medications. In a utilization review report of August 28, 2013, the claims administrator certified a request for Norco, and denied a request for Restoril and topical Terocin cream. The applicant's attorney later appealed. An earlier note of July 5, 2013 is notable for comments that the applicant reports persistent 6/10 pain about the mid and low back. The applicant states that the medications are effective. The patient is given a refill of topical Terocin. The applicant's work status is not detailed. An earlier note of June 4, 2012 is notable for comments that the applicant is using both Restoril and oral Norco in conjunction with Terocin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66.

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Restoril are not recommended for chronic or long-term use purposes, either for pain, anxiety, depression, anticonvulsant effect, muscle relaxant effect, etc. In this case, the documentation on file is limited. The attending provider has not furnished any compelling rationale or narrative so as to try and offset the unfavorable MTUS recommendation. The attending provider does not clearly state for what purpose Restoril is being used. The request for Restoril 30 mg, quantity 30 is not medically necessary.

Terocin topical cream, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as Terocin are "largely experimental." In this case, there is no evidence of intolerance to and/or failure of first line oral pharmaceuticals so as to make a case for usage of largely experimental agent such as Terocin. It is further noted that the applicant's response to Terocin has not been clearly described. The applicant's work status and functional status have not been described following introduction of Terocin. Finally, it is noted that the applicant is also using first-line oral pharmaceutical medication, Norco, without any seemingly difficulty, impediment, and/or impairment, effectively obviating the need for Terocin. The request for Terocin topical cream, quantity 1 is not medically necessary and appropriate.