

Case Number:	CM13-0019780		
Date Assigned:	10/11/2013	Date of Injury:	06/17/2009
Decision Date:	01/07/2014	UR Denial Date:	08/23/2013
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 Physical Medicine & Rehabilitation 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 underlying date of injury in this case is 06/17/2009. The primary treating diagnosis is lumbago. Treating physician notes as of 07/19/2013 report ongoing right lower extremity pain and low back pain with some numbness. Physical examination demonstrated tenderness in the lumbar paraspinals and increased tone in the lumbar spine. Recommended treatment included topical Terocin as well as a TENS unit and omeprazole and continued acupuncture. An initial review note concluded that the requested treatment was not supported as medically necessary

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion dispensed on 7/19/13: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that the use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The medical records do not contain this degree of detail to clarify a rationale or indication or proposed mechanism of action for this

compounded medication. The medical records do not support this request. The request for Terocin lotion is not medically necessary and appropriate.