

Case Number:	CM13-0020179		
Date Assigned:	12/27/2013	Date of Injury:	05/29/2002
Decision Date:	05/07/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	09/04/2013

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. The expert 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 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/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] Transit employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 29, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; muscle relaxants; and reported return to work. In a Utilization Review Report of August 1, 2013, the claims administrator denied a request for Terocin lotion. The applicant's attorney subsequently appealed. A clinical progress note of June 1, 2010 is notable for comments that the applicant is on Vicodin, Flexeril, and a TENS unit for diagnosis of myofascial pain syndrome, chronic low back pain, sacroiliitis, and ischial bursitis. On December 28, 2012, the applicant was given a prescription for Flexeril. The applicant was described as working as a bus driver as of that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN LOTION 20 ML: Upheld

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's seemingly successful usage of multiple first-line oral pharmaceuticals, including Flexeril, Vicodin, etc., effectively obviates the need for topical agents such as Terocin, which are, "largely experimental," per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on Independent Medical Review.