

Case Number:	CM13-0023810		
Date Assigned:	11/15/2013	Date of Injury:	05/15/2013
Decision Date:	01/15/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/12/2013

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 Therapy 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 neck, shoulder, back, elbow, and right wrist pain reportedly associated with an industrial injury of May 15, 2013. Thus far, the applicant has been treated with the following: Analgesic medications, muscle relaxants; a TENS unit; transfer of care to and from various providers in various specialties; attorney representation; unspecified amounts of physical therapy; and extensive periods of time off of work, on total temporary disability. In a utilization review report of September 5, 2013, the claims administrator denied a request for topical compounded Terocin. The applicant's attorney later appealed, on September 11, 2013. An earlier note of July 2, 2013 is notable for comments that the applicant will remain off of work, on total temporary disability, for an additional month while pursuing chiropractic manipulative therapy. A later note of June 28, 2013 is notable for comments that the applicant is having 7/10 pain and was taking Relafen and Flexeril for pain relief. The applicant has a history of GI irritation and cannot therefore use NSAIDs. Oral tramadol and topical Terocin were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin for the neck, back, shoulders, elbows, wrists, and upper/lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS/ACOEM guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, while the employee was having some issues with dyspepsia, the employee was previously issued a prescription for an oral opioid analog, Tramadol. The medical records did not reflect evidence of intolerance to and/or failure of Tramadol. Terocin for the neck, back, shoulders, elbows, wrists, and upper/lower extremities is not medically necessary and appropriate.