MAXIMUS Federal Services

Case Number:	CM13-0030534		
Date Assigned:	11/27/2013	Date of Injury:	06/06/2006
Decision Date:	01/29/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/30/2013

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 has filed a claim for chronic low back, leg, and knee pain reportedly associated with an industrial injury of June 6, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; attorney representation; unspecified amounts of psychotherapy; lumbar epidural steroid injection; shoulder corticosteroid injection; a cane; and apparent imposition of permanent work restrictions. The applicant has failed to return to work following imposition of said permanent restrictions. An earlier progress note of July 9, 2013 is notable for comments that the applicant is having an upper ankle psoriatic arthritis and has attendant complaints of low back and left knee pain. An epidural steroid injection is endorsed, as are work restrictions. In a subsequent note of July 29, 2013, the applicant received refills of Norco, Elavil, Prilosec, and Senna.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain patches: Upheld

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines in Chapter 3, oral pharmaceutical are a first-line palliative method. In this case, the applicant is using numerous first-line oral pharmaceuticals, including Norco, Elavil, among others, effectively obviating the need for topical agents or topical compounds such as Terocin which are according to page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, largely experimental. It is further noted that the applicant has failed to clearly effect any lasting benefit or functional improvement through prior usage of topical Tyrosine. The fact that the applicant has failed to return to work and has an unchanged 5-pound lifting limitation in place argues against functional improvement as defined in MTUS. For all of these reasons, then, the request remains non-certified