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| Case Number: | CM13-0034976 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 08/14/2006 |
| Decision Date: | 03/21/2014 | UR Denial Date: | 09/27/2013 |
| Priority: | Standard | Application Received: | 10/16/2013 |

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], employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 14, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; and prior lumbar spine surgery. In a Utilization Review Report of October 1, 2013, the claims administrator denied a request for topical compounded Terocin lotion. The applicant's attorney subsequently appealed. In a Utilization Review Report, the claims administrator acknowledges the applicant is using oral Soma and tramadol. An earlier clinical progress note of February 22, 2013 is notable for comments that the applicant is using both Soma and topical Terocin cream. An applicant questionnaire of February 22, 2013 states that the applicant is no longer working and is apparently retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin for DOS 5/10/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines indentifies topical analgesic, as a class, are "largely experimental." In this case, the applicant is using several first-line oral pharmaceuticals, effectively obviating the need for topical agents such as the largely experimental Terocin compound. The retrospective request for Terocin, DOS 5/10/2013, is not medically necessary and appropriate.