

Case Number:	CM13-0053847		
Date Assigned:	12/30/2013	Date of Injury:	04/20/2012
Decision Date:	10/16/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/19/2013

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 has filed a claim for chronic neck pain, upper back pain, shoulder pain, arm pain, and headaches reportedly associated with cumulative at work first claimed on April 20, 2012. Thus far, the applicant has been treated with the following Analgesic medications; topical agents; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and transfer of care to and from various providers in various specialties. In a December 21, 2013 progress note, the applicant reported multifocal neck, shoulder, elbow, wrist, and hand pain complaints, highly variable, ranging anywhere from 5-9/10. The applicant reported difficulty performing shopping, yard work, caring for herself, exercising, and/or interacting with others. The applicant did have some depressive symptoms, it was stated. The applicant was not working, it was further noted. A variety of medications were renewed, including Ultram, naproxen, Terocin, and Prilosec. Acupuncture was also sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin QD, #30: Upheld

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

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including naproxen, tramadol, etc., effectively obviates the need for the Terocin patches at issue. Therefore, the request is not medically necessary.