

<b>Case Number:</b>	CM13-0069404		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/06/2011
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/21/2013

### 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] employee who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of December 6, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; a lumbar epidural steroid injection therapy; earlier right knee arthroscopy; and topical agents. In a Utilization Review Report of November 26, 2013, the claims administrator denied a request for topical Terocin patches. The applicant's attorney subsequently appealed. In a Medical Legal Evaluation of June 20, 2013, it is stated that the applicant has taken retirement from [REDACTED] effective March 2013. The applicant is not therefore working, it appears. In an office visit of January 30, 2013, the applicant is described as off of work, on total temporary disability. Multiple progress visits interspersed throughout 2013 are notable for comments that the applicant remains off of work, on total temporary disability, with longstanding low back pain complaints. The applicant's medication list is not seemingly described or detailed on any recent clinical progress note. However, in a June 11, 2013 Medical-Legal Evaluation, the applicant is described as using several oral pharmaceuticals, including Naprosyn, Imitrex, Prilosec, and Zofran. In a prescription order form dated October 16, 2013, the attending provider refilled prescriptions for Naprosyn and Terocin, it appears, using preprinted checkboxes, without associated narrative commentary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE REQUEST FOR TEROGIN PATCHES #10: 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 Section Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, largely experimental. In fact, the applicant is described on several occasions as using first-line oral Naprosyn without any reported difficulty, effectively obviating the need for the largely experimental Terocin patches. Therefore, the request is not certified, on Independent Medical Review.