

Case Number:	CM14-0006794		
Date Assigned:	05/28/2014	Date of Injury:	09/16/2011
Decision Date:	07/11/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/17/2014

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 pain reportedly associated with an industrial injury of September 16, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of chiropractic manipulative therapy; a TENS unit; unspecified amounts of physical therapy; a lumbar support; apparent diagnosis with a T12 compression fracture; and an 11% whole-person impairment rating. A prescription for topical Terocin apparently dispensed on December 4, 2013 was retrospectively denied through the utilization review process. The applicants attorney subsequently appealed. A progress note dated March 26, 2014 was notable for comments that the applicant was not working. The applicant was apparently planning to get married. The applicant did report persistent complaints of low back pain, ranging from 1-3/10. The applicant presented to obtain medication refills. Naprosyn, Flexeril, and topical Terocin ointment were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REVIEW OF TEROGIN LOTION FOUR (4) OZ. (DOS 12/04/2013):
Upheld

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicants ongoing usage of multiple first-line oral pharmaceuticals, including Naprosyn and Flexeril effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents such as Terocin. In this case, the attending provider did not proffer any applicant-specific rationale, narrative, or commentary which would offset the unfavorable MTUS recommendations. Therefore, the request was not medically necessary.