

Case Number:	CM14-0111740		
Date Assigned:	08/01/2014	Date of Injury:	01/18/2013
Decision Date:	10/08/2014	UR Denial Date:	07/12/2014
Priority:	Standard	Application Received:	07/17/2014

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 ankle, foot, and low back pain reportedly associated with an industrial injury of November 18, 2013. In a Utilization Review Report dated July 12, 2014, the claims administrator denied a request for topical Terocin. The claims administrator miscited and misquoted page 111 of the MTUS Chronic Pain Medical Treatment Guidelines and page 143 of the MTUS Chronic Pain Medical Treatment Guidelines in its denial, it is incidentally noted. The applicant's attorney subsequently appealed. In a handwritten progress note dated January 7, 2014, the applicant presented with low back, ankle, hip, and foot pain. Podiatry appointment, unspecified pain medications and physical therapy were endorsed. Electrodiagnostic testing was also sought. The applicant's work status was not clearly stated. The applicant was apparently given a prescription for topical Menthoderm, it was scrolled at the bottom of the report. In another handwritten note of June 3, 2014, the applicant was placed off of work, on total temporary disability, for an additional six weeks owing to ongoing complaints of foot, hip, and low back pain. Oral naproxen and topical Terocin were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch (Duration and Frequency Unknown): Upheld

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

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, such as Terocin, as a class, are deemed "largely experimental." In this case, the applicant's ongoing usage of first-line oral pharmaceuticals such as naproxen effectively obviates the need for the Terocin patches at issue, it is further noted. Therefore, the request is not medically necessary.