

Case Number:	CM14-0153804		
Date Assigned:	09/23/2014	Date of Injury:	04/08/2013
Decision Date:	11/17/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/19/2014

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 mid and low back pain reportedly associated with an industrial injury of April 8, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated August 21, 2014, the claims administrator denied a request for topical Terocin and topical LidoPro while approving a request for oral Naprosyn. In a July 24, 2014 progress note, the applicant reported ongoing complaints of mid back pain, low back pain, and abdominal pain secondary to an umbilical hernia. The applicant was given prescriptions for tramadol, Flexeril, Protonix, Naprosyn, Terocin, and LidoPro. Manipulative therapy, MRI imaging of the thoracic and lumbar spine, electrodiagnostic testing, a TENS unit, a lumbar support, and a hot and cold wrap were sought. The applicant was not working, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics 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, there was no evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify selection and/or ongoing usage of the Terocin patches at issue. Furthermore, the applicant's ongoing usage of multiple first line oral pharmaceuticals, including tramadol, Flexeril, Naprosyn, etc., would seemingly obviate the need for the Terocin patches at issue. Therefore, the request was not medically necessary.

LidoPro Lotion, 4oz: Upheld

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

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 LidoPro, as a class, are deemed "largely experimental." In this case, the applicant's ongoing usage of multiple first line oral pharmaceuticals, including Naprosyn, tramadol, Flexeril, etc., would seemingly obviate the need for the LidoPro lotion at issue. Therefore, the request was not medically necessary.