MAXIMUS Federal Services

Case Number:	CM14-0175195		
Date Assigned:	10/28/2014	Date of Injury:	12/20/2012
Decision Date:	12/04/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/22/2014

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 thumb, neck, low back, and hand pain reportedly associated with an industrial injury of December 20, 2012.Thus far, the applicant has been treated with following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim.In a Utilization Review Report dated October 17, 2014, the claims administrator failed to approve request for Terocin and TENS unit patches. A variety of MTUS and non-MTUS Guidelines were invoked, including the now-updated, now-renumbered MTUS 9792.20e.The applicant's attorney subsequently appealed.In a July 23, 2014 reconsideration letter, the attending provider's representative sought authorization for the TENS unit electrodes at issue.In an April 22, 2014 progress note, the applicant reported 5/10 thumb pain, neck pain, and low back pain. The applicant stated that the TENS unit and topical analgesics were managing his pain and keeping his pain in check. It was stated that the applicant was working full time with a 10-pound lifting limitation in place. TENS unit patches were sought. The applicant was also given prescriptions for Naprosyn, Prilosec, and LidoPro ointment.On April 15, 2014, it was again stated that the applicant was working full-time and that ongoing usage of the TENS unit was proving beneficial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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 and topical compounds such as Terocin are deemed "largely experimental." In this case, the applicant's ongoing usage of first line oral pharmaceuticals such as Naprosyn effectively obviates the need for the largely experimental Terocin compound. Therefore, the request is not medically necessary.

TENS Patch x 2 pairs: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit and/or provision of associated supplies beyond an initial one-month trial should be predicated on evidence of a favorable outcome during the said one month trial, in terms of both pain relief and function. In this case, the attending provider has posited that earlier usage of a TENS unit has proven effective in attenuating the applicant's pain complaints and has reportedly facilitated the applicant's returning to and/or maintaining successful return to work status. The applicant has, thus, demonstrated functional improvement as defined in MTUS 9792.20f through ongoing usage of the TENS unit. Provision of associated TENS supplies, namely the TENS patch at issue, is therefore indicated. Accordingly, the request is medically necessary.