

Case Number:	CM14-0023240		
Date Assigned:	05/14/2014	Date of Injury:	05/20/1996
Decision Date:	07/10/2014	UR Denial Date:	01/25/2014
Priority:	Standard	Application Received:	02/24/2014

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 has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 20, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and topical compounded drugs. In a Utilization Review Report dated January 23, 2014, the claims administrator denied a request for topical compounded Terocin. The applicant's attorney subsequently appealed. In a progress note dated September 23, 2013, the applicant was described as using oral medications, including Motrin and Valium. The applicant was asked to pursue chiropractic manipulative therapy at that point in time. A gym membership was sought. The applicant's work status was not provided. On December 20, 2013, the applicant was again described as using oral ibuprofen for chronic neck and low back pain. The applicant was apparently given a prescription for a Terocin topical compound. The applicant's work status was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR NEW TEROGIN/TEROGIN, FOUR TIMES A DAY (DOS: 12/20/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: No, the request for topical Terocin was not medically necessary, medically appropriate, or indicated here. 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 applicant's ongoing usage of first-line oral ibuprofen effectively obviates the need for topical agents and topical compounds such as Terocin/new Terocin, which are deemed, as a class "largely experimental," per page 111 of the Chronic Pain Medical Treatment Guidelines. In this case, the attending provider did not furnish any applicant-specific rationale, narrative, or commentary, which would offset the unfavorable MTUS recommendations. Therefore, the request is not medically necessary.