

Case Number:	CM14-0028910		
Date Assigned:	06/16/2014	Date of Injury:	07/09/2012
Decision Date:	07/21/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/06/2014

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 pain syndrome and chronic low back pain reportedly associated with an industrial injury of July 9, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; an earlier knee surgery; and a lumbar support. In a utilization review report of February 20, 2014, the claims administrator denied a request for topical Terocin. The applicant's attorney subsequently appealed. An earlier note of March 8, 2012 is notable for comments that the applicant was using Celebrex for knee pain status post earlier knee surgery. The applicant was placed off of work, on total temporary disability, until April 26, 2012, it was stated, at that point. In a urine drug screen of November 20, 2013, it was further acknowledged that the applicant was using oral tramadol and oral hydrocodone for pain relief at that point. A February 10, 2014 progress note was notable for comments that the applicant was off of work, on total temporary disability owing to ongoing complaints of knee pain. The applicant was described as having failed earlier knee surgery. Authorization for further knee surgery was sought. On August 21, 2013, it was acknowledged that the applicant was using a variety of oral pharmaceuticals for knee pain, including Norco/Vicodin, Ultracet, and Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN 120GM (METHYL SALICYLATE 25.0%, MENTHOL 10.0%, CAPSAICIN 0.025% & LIDOCAINE 2.5%) X 2 BOTTLES: Upheld

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

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 applicant's ongoing usage of a variety of first line oral pharmaceuticals, including Norco, Ultram, and Voltaren, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as Terocin. Therefore, the request is not medically necessary.