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| Case Number: | CM14-0036649 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 04/25/2009 |
| Decision Date: | 07/31/2014 | UR Denial Date: | 03/17/2014 |
| Priority: | Standard | Application Received: | 03/26/2014 |

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 low back pain with derivative complaints of depression and insomnia reportedly associated with an industrial injury of April 25, 2009. Thus far, the applicant has been treated with analgesic medications; topical compounds; muscle relaxants; psychotropic medications; earlier lumbar laminectomy; and a transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 17, 2014, the claims administrator approved a request for Baclofen and Nexium while denying a request for topical Terocin. A March 3, 2014 progress note was notable for comments that the applicant had persistent complaints of low back pain. The applicant's medication list included Baclofen, Benadryl, Lexapro, Lyrica, Nexium, Norco, Pennsaid, and topical Terocin. The applicant was described as having antalgic gait. The applicant was reportedly depressed and also having issues with sleep disturbance, it was stated. The applicant was having difficulty transferring in and out of a chair and was reporting difficulty ambulating beyond one city block. The applicant was off of work, on total temporary disability, it was stated, and had failed to return to work as an animal control officer. The applicant reported a number of social issues. The applicant was divorced and presently living with her parents, it was stated. The applicant was given refills of Baclofen, Terocin, Nexium, and TENS unit supplies. The applicant was also asked to increase her dosage of Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 largely experimental, to be used for neuropathic pain when trials of antidepressants and/or anticonvulsants are failed. In this case, however, the applicant's ongoing usage of Lyrica, an anticonvulsant adjuvant medication, 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.