MAXIMUS Federal Services

Case Number:	CM14-0043150		
Date Assigned:	07/02/2014	Date of Injury:	03/01/2004
Decision Date:	08/29/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/10/2014

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 reportedly associated with an industrial injury of March 1, 2004.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical agents; adjuvant medications; and extensive periods of time off of work. In a utilization review report dated March 11, 2014, the claims administrator approved a physiatrist referral, approved laboratory testing, and denied topical Terocin patches. The applicant's attorney subsequently appealed. On the November 8, 2013 progress note, the applicant was described as off of work. The applicant last worked in 2005. The applicant was receiving monies, both from the disability system and from the worker's compensation system, it was acknowledged. The applicant's pain level ranged from 8 to 10/10, despite ongoing medication usage. The applicant depressed and anxious, it was stated. The applicant was using Oxycodone, Tramadol, Flexeril, Protonix, and LidoPro cream, the combination of which were apparently succeeding in reducing the applicant's pain levels from 10/10 to 8/10, it was stated. On February 26, 2014, the applicant was again described as not working and receiving monies both from the Social Security Disability Insurance system as well as from worker's compensation. The applicant was using cane to move about. Ongoing multifocal complaints of toe pain, foot pain, knee pain, and low back pain were reported. The applicant was given prescriptions for tramadol, Flexeril, Protonix, LidoPro, Topical Terocin, and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Terocin Patches #30: 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 topic Page(s): 111,.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as Terocin as a class, are "largely experimental" to be employed in cases of neuropathic pain where antidepressants and/or anticonvulsants have failed. In this case, however, the applicant's ongoing usage of gabapentin, an anticonvulsant adjuvant medication, effectively obviates the need for the largely experimental Terocin patches in question. Therefore, the request is not medically necessary.