MAXIMUS Federal Services

Case Number:	CM14-0048998		
Date Assigned:	07/07/2014	Date of Injury:	07/21/2013
Decision Date:	08/08/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/17/2014

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 Spine 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 injured worker is a represented 47-year-old [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 21, 2013. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy and chiropractic manipulative therapy; and various topical compounded medications. In the utilization review report dated April 8, 2014, the claims administrator approved a psychiatric consultation, denied a topical Terocin, and conditionally denied six sessions of chiropractic manipulative therapy. The injured worker's attorney subsequently appealed. In an October 9, 2013 prescription form, the attending provider issued prescriptions for various oral suspensions and topical compounds, including Dicopanol, Deprizine, Fanatrex, Sinopren and Tabradol. No clinical information or injured worker-specific information was provided. In a progress note dated February 9, 2014, the injured worker was described as off of work, and on total temporary disability. The injured worker, in addition to reporting 8/10 low back pain, also reporting psychiatric issues and depression. A variety of topical compounds and suspensions were ordered, including topical Terocin, tropical Ketoprofen, topical Cyclophene, topical Tabradol, Sinopren, Fanatrex, Dicopanol, and Deprizine.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,.

Decision rationale: Oral pharmaceuticals are the first-line method for pain relief. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify usage of a topical compound such as Terocin. The bulk of the prescription forms on which Terocin and other topical compounds were issued were essentially a form letter, with little or no narrative commentary. Therefore, the request is not medically necessary.