MAXIMUS Federal Services

Case Number:	CM14-0050253		
Date Assigned:	07/07/2014	Date of Injury:	04/21/2003
Decision Date:	09/05/2014	UR Denial Date:	03/31/2014
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 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 April 21, 2003.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 opioid therapy.In a Utilization Review Report dated March 31, 2014, the claims administrator approved a request for tramadol, Lortab, and Norco while denying topical Terocin patches.The applicant's attorney subsequently appealed.In a progress note dated October 21, 2013, the applicant was described as using Norco and Lortab elixir for ongoing complaints of low back and neck pain, as high as 9/10. The applicant was also using Terocin patches on an as-needed basis, it was suggested. The applicant was permanent and stationary. It does not appear that the applicant was working with permanent limitations in place.On January 27, 2014, the applicant was given prescriptions for Norco, tramadol, and Lortab and was asked to pursue bilateral medial branch blocks. The applicant was using topical Terocin as of that point in time.On February 24, 2014, the applicant was again given refills of various medications, one of which is Terocin. The applicant was described as suffering from parkinsonism at this point. 9/10 pain was again appreciated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS 2/24/14 Terocin patch # 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines MTUS page 111, Topical Analgesics 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 numerous first-line oral pharmaceuticals, including Lortab, Norco, tramadol, etc., effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents such as Terocin. It is further noted that the applicant has been using Terocin for some time, despite the unfavorable MTUS positions on the same. The applicant has, however failed to derive any lasting benefit or functional improvement through ongoing usage of Terocin in terms of the parameters established in MTUS 9792.20f. Permanent work restrictions remain in place, unchanged, from visit to visit. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including numerous opioid agents as well as interventional spine procedures. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing Terocin usage. Therefore, the request was not medically necessary.