

Case Number:	CM14-0053419		
Date Assigned:	07/07/2014	Date of Injury:	07/05/2012
Decision Date:	09/05/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/22/2014

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 July 5, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; unspecified amounts of physical therapy over the life of the claim; epidural steroid injection therapy; unspecified amounts of manipulative therapy; consultation with a spine surgeon, who apparently endorsed an operative remedy. In a utilization review report dated April 10, 2014, the claims administrator denied a request for several topical compounded medications. Retrospectively, denied a request for several topical compounded medications. The applicant's attorney subsequently appealed. In a February 14, 2013 office visit, the applicant was placed off of work, on total temporary disability. Prescriptions for Flexeril, Tramadol, Omeprazole, Zofran, and several topical compounded medications were dispensed. It was stated that the applicant was a candidate for surgical remedy insofar as the lumbar spine was concerned. On June 25, 2013, the applicant was again placed off of work, on total temporary disability. The applicant's medications list was not documented on that occasion. On July 25, 2013, the applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for Orthonexic gel for the lumbar spine DOS: 08/27/2103: Upheld

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

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: As noted in the ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, the applicant's ongoing usage of numerous first line oral pharmaceuticals including Naprosyn, tramadol, Flexeril, etc., effectively obviates the need for what page 111 of the MTUS Chronic Pain Guidelines deems "largely experimental" topical analgesics such as the compound in question. Therefore, the request is not medically necessary.

Retrospective Terocin Patch DOS : 08/27/2013: Upheld

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

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 ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, the applicant's ongoing usage of numerous first line oral pharmaceuticals, including tramadol, Flexeril, and Naprosyn, taken together, effectively obviates the need for what page 111 of the MTUS Chronic Pain Guidelines deems "largely experimental" topical agents such the Terocin compound in question. Therefore, the request is not medically necessary.