MAXIMUS Federal Services

Case Number:	CM14-0059259		
Date Assigned:	07/09/2014	Date of Injury:	11/27/2007
Decision Date:	08/21/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/30/2014

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 pain syndrome reportedly associated with an industrial injury of November 27, 2007.Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; two lumbar spine surgeries; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; extensive periods of time off of work; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated April 14, 2013, the claims administrator denied a request for topical Terocin. The applicant's attorney subsequently appealed. In a May 2, 2011 medical-legal supplemental report, the applicant was given a 13% whole-person impairment rating. In a progress note dated March 3, 2014, the applicant was described as using oral Norco, topical Terocin, Flexeril, and a spinal cord stimulator. The applicant stated that the medications were, in combination, effective. Permanent work restrictions were renewed. The applicant was not working. Some sections of the report suggested that the applicant was using medical marijuana while other sections of the report stated that the applicant was not.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Pain Patch Box Quantity 10: Upheld

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

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 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 Norco and Flexeril, taken together, effectively obviates the need for what page 111 of the MTUS Chronic Medical Treatment Guidelines deems largely experimental topical analgesics and topical compounds such as Terocin. Therefore, the request for Terocin is not medically necessary.