

<b>Case Number:</b>	CM14-0060401		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 with derivative complaints of depression reportedly associated with an industrial injury of November 19, 2012. Thus far, the applicant has been treated with analgesic medications, topical compounds, muscle relaxants, and transfer of care to and from various providers in various specialties. In a Utilization Review dated April 23, 2014, the claims administrator denied a request for topical Terocin. The applicant's attorney subsequently appealed. In an October 3, 2013 medical-legal evaluation, the applicant was described as working his usual and customary work as a janitor with only some brief time loss as a result of the industrial injury. The applicant did have comorbid diabetes, it was acknowledged. In a November 22, 2013 pain management consultation, the applicant was described as using glyburide, metformin, Zocor, and unspecified blood pressure medications. Cyclobenzaprine and topical Methoderm were approved on this occasion. In a later progress note of January 17, 2014, the applicant was again described as using cyclobenzaprine and topical Methoderm sparingly. On February 14, 2014, the applicant was again given refills of cyclobenzaprine and Methoderm. On March 11, 2014, the applicant was described as using cyclobenzaprine, Tylenol, and topical Methoderm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin 240 units/ml qty 1: 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:** As noted in the MTUS ACOEM Guidelines, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Tylenol and cyclobenzaprine, taken together, effectively obviates the need for what the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compounds such as the agent in question. No rationale for selection and/or ongoing usage of Terocin was proffered by the attending provider. Therefore, the request is not medically necessary.