

Case Number:	CM14-0083993		
Date Assigned:	07/18/2014	Date of Injury:	02/13/2013
Decision Date:	09/12/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/02/2014

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 February 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; and transfer of care to and from various providers in various specialties. In a utilization review report dated May 14, 2014, the claims administrator retrospectively denied a request for topical Terocin patches reportedly dispensed on April 3, 2014. In a progress note of May 15, 2013, the applicant was given a prescription for oral Celebrex along with a rather proscriptive 10-pound lifting limitation. In a progress note dated May 9, 2014, the attending provider suggested that the applicant was currently working as physical therapist, despite ongoing complaints of low back pain. Topical Lidoderm patches were endorsed on this occasion. On April 3, 2014, the applicant presented reporting persistent complaints of low back pain radiating to the left leg. The applicant was reportedly using Celebrex, it was suggested at this point in time. A functional capacity evaluation and lumbar spine plain films were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, topical NSAIDs(non-steroidal anti-inflammatory drugs).

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 the first-line palliative method. In this case, the applicant's ongoing and/or seemingly successful usage of oral Celebrex effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compound such as Terocin. Therefore, the request was not medically necessary.