

Case Number:	CM14-0099469		
Date Assigned:	07/28/2014	Date of Injury:	12/29/2010
Decision Date:	09/23/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	06/28/2014

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 and neck pain reportedly associated with an industrial injury of December 29, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; adjuvant medications; earlier cervical fusion surgery; and the apparent imposition of permanent work restrictions. In a utilization review report dated June 18, 2014, the claims administrator retrospectively approved a request for nabumetone while retrospectively denying Terocin and another topical compounded agent. The applicant's attorney subsequently appealed. On April 24, 2014, the applicant reported persistent complaints of neck and low back pain. The applicant was using Neurontin, Relafen, and Prilosec. The applicant was having issues with reflux from time to time, it was stated. The applicant was permanent and stationary. Ongoing complaints of neck and low back pain were noted. The applicant did not appear to be working with permanent limitations in place. On March 4, 2014, the applicant was again described as using Neurontin, Relafen, Terocin, and Prilosec. The applicant was permanent and stationary, it was stated. The applicant did not appear to be working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request with date of service of 4/24/2014 for Terocin Lotion 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as Terocin are "largely experimental," primarily used for neuropathic pain when trials of anticonvulsants and/or antidepressants have failed. In this case, however, the applicant's ongoing usage of Neurontin, an anticonvulsant adjuvant medication, effectively obviates the need for the largely experimental Terocin compounded lotion. Therefore, the request was not medically necessary.

Retrospective request with date of service of 3/4/2014 for Gaba/Cyclo/Baclofen Powder (Compound per NDC numbers): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines gabapentin, the primary ingredient in the compound, is deemed "not recommended" for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.