

Case Number:	CM14-0186761		
Date Assigned:	11/14/2014	Date of Injury:	09/25/2006
Decision Date:	01/05/2015	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/10/2014

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], who has filed a claim for chronic low back and leg pain reportedly associated with an industrial injury of September 25, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compounds; spinal cord stimulator implantation; long and short acting opioids; and sleep aids. In a Utilization Review Report dated October 18, 2014, the claims administrator retrospectively denied a request for Terocin, apparently dispensed on or around September 30, 2014. In an October 15, 2014, progress note, the applicant reported ongoing complaints of low back pain, lower extremity pain, and complex regional pain syndrome of the lower extremities. The applicant was apparently pending a revision of his spinal cord stimulator. The applicant was using Norco and OxyContin for pain relief. The requesting provider suggested that a detoxification program was pending. The applicant was given refills of his OxyContin, Norco, topical Terocin, Viagra, Neurontin, Ambien, Zoloft, Prilosec and Promolaxin, it was noted. The applicant's work status was not clearly stated, although it does not appear that the applicant was working. On September 30, 2014, the applicant was again given refills of OxyContin, Norco, topical Terocin, and TENS unit patches. A spinal cord stimulator revision, cognitive behavioral therapy, and physical therapy were endorsed. The requesting provider expressed concern that the applicant had to absorb the cost of some of his medications out of pocket.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of topical Terocin 120mL: Upheld

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

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, as a class, are deemed "largely experimental." In this case, the applicant's ongoing usage of multiple first line oral pharmaceuticals, including Norco, Cymbalta, OxyContin, Neurontin, Prilosec, Zoloft, etc., effectively obviate the need for the largely experimental topical compounded Terocin lotion at issue. Therefore, the request is not medically necessary.