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| <b>Case Number:</b>   | CM15-0082603 |                              |            |
| <b>Date Assigned:</b> | 05/05/2015   | <b>Date of Injury:</b>       | 06/20/2013 |
| <b>Decision Date:</b> | 06/03/2015   | <b>UR Denial Date:</b>       | 03/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/29/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 53 year old male who sustained an industrial injury on June 20, 2013. He has reported neck and shoulder pain and has been diagnosed with chronic cervical strain. Treatment has included a MRI of the cervical spine and chiropractic treatment. He describes a sensation of pressure at the base of the neck. There was full cervical range of motion. The treatment request included retrospective request for topical medication Terocin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Terocin dispensed on 10/21/2014:** Upheld

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

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

**Decision rationale:** The claimant was more than one year status post work-related injury and was being treated for chronic neck pain. When seen, he was having a flare up of symptoms. He was tolerating treatment well. Pain was rated at 7/10. No current or past medications were

documented. A topical treatment can be recommended as an option in patients who have not responded or are intolerant to other treatments. In this case, there is no evidence of a failure or intolerance of other medications including oral medications that would be expected to be effective in the claimant's treatment. Prescribing Terocin was not medically necessary.