

Case Number:	CM13-0002419		
Date Assigned:	12/11/2013	Date of Injury:	03/08/2011
Decision Date:	02/12/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 and chronic knee pain, reportedly associated with an industrial injury of March 8, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; topical Lidoderm patches; a TENS unit; attorney representation; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; knee Synvisc injections; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with said permanent limitations in place. In a Utilization Review Report of July 9, 2013, the claims administrator denied a request for Terocin lotion both retrospectively and prospectively. The applicant subsequently appealed. In a note of August 26, 2013, the attending provider also wrote a note extolling the virtues of the topical compounds in question. In a medical progress note of April 23, 2013, however, it is acknowledged that the applicant is intent on pursuing a spinal cord stimulator trial. She is on Cymbalta, Opana, Percocet, Naprosyn, and Protonix. Terocin was apparently dispensed in the clinic. On May 21, 2013, Terocin was again dispensed in the clinic. The applicant was again described as remaining off of work, on total temporary disability. She is asked to continue Cymbalta, Opana, Percocet, and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective usage of Terocin lotion (DOS: 5/21/13): 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-Adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, the applicant was described as using several first-line oral pharmaceuticals, including Cymbalta, Opana, Percocet, Naprosyn, etc., effectively obviating the need for the largely experimental topical compounded Terocin lotion, which is described on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines as "largely experimental." In this case, it is further noted that the attending provider did not clearly outline or state how precisely the topical compound and Terocin lotion had been beneficial here. There was no evidence of functional improvement effected through Terocin usage as measured by the parameters established in MTUS 9792.20f. The applicant failed to return to work. The applicant remains highly reliant on various medical treatments including medications, spinal cord stimulators, epidural steroid injections, etc. For all of these reasons, then, the request is not certified.