

Case Number:	CM14-0138413		
Date Assigned:	09/05/2014	Date of Injury:	08/03/2009
Decision Date:	11/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/27/2014

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 August 3, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy, manipulative therapy, and acupuncture; and extensive periods of time off of work. In a Utilization Review Report dated August 14, 2014, the claims administrator approved a request for oral Celebrex while denying a request for topical Terocin patch. The applicant's attorney subsequently appealed. In a progress note dated July 21, 2014, the applicant reported 6/10 low back pain radiating into bilateral lower extremities. The applicant was described as "currently unemployed." The applicant was able to dispose his own trash and vacuum his own home, it was acknowledged. Oral Celebrex and topical Terocin were apparently endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch #30: 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): 112.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as Terocin are deemed "largely experimental." In this case, the applicant's ongoing usage of first-line oral pharmaceuticals, including Celebrex, effectively obviates the need for the Terocin patches at issue. No rationale for selection and/or ongoing usage of Terocin in the face of the unfavorable MTUS position on the same was proffered by the attending provider. Therefore, the request of Terocin Patch #30 is not medically necessary and appropriate.