

Case Number:	CM14-0162206		
Date Assigned:	10/07/2014	Date of Injury:	04/01/1989
Decision Date:	11/13/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/02/2014

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 shoulder pain reportedly associated with an industrial injury of April 1, 1989. The applicant has been treated with the following: Analgesic medications; topical compounds; a CPAP mask for sleep apnea; unspecified amounts of physical therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated September 18, 2014, the claims administrator denied a request for Terocin patches. The applicant's attorney subsequently appealed. In a July 18, 2014 progress note, the applicant reported persistent complaints of neck pain radiating into the right hand. The applicant was working regular duty, it was suggested. 5/5 upper extremity strength was noted. Magnetic resonance imaging (MRI) imaging of cervical spine was sought. There was no discussion of medication selection or medication efficacy on this date. The applicant was again returned to regular work. In an August 25, 2014 progress note, the applicant was placed off of work, on total temporary disability, for three weeks. The applicant was given prescriptions for Norco, naproxen, Flexeril, and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Terocin patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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 Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as Terocin, as a class, are considered "largely experimental." In this case, it is further noted that the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Norco, Flexeril, naproxen, etc., effectively obviates the need for the largely experimental Terocin patches. Therefore, the request is not medically necessary.