

Case Number:	CM13-0003901		
Date Assigned:	12/18/2013	Date of Injury:	06/28/2011
Decision Date:	02/27/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/26/2013

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 Orthopedic Surgery, 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 claimant is a 40-year-old female who was injured in a work related accident on June 28, 2011. Recent clinical assessment of July 24, 2013 by [REDACTED] indicated current diagnoses of radial tunnel syndrome, carpal tunnel syndrome and ulnar nerve compression at the wrist, bilateral forearm tendonitis, cubital tunnel syndrome bilaterally with cervical radiculopathy and arthrodesis. The claimant's physical examination findings on that date that showed tenderness with range of motion, 5-/5 strength with left wrist flexion and extension and a normal gait pattern. Treatment options were discussed with the claimant at that time including a course of formal physical therapy, continuation of medications to include topical Terocin cream and referral to [REDACTED] for surgical followup. A July 24, 2013 prescription for Terocin lotion was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion 4 ounces: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on California MTUS Chronic Pain Guidelines, topical agents of a compounded nature are typically not supported. Guidelines indicate that they are largely experimental in use with few randomized clinical controls to determine efficacy or safety. Specifically in regards to Terocin cream, the agents contains amongst other things Capsaicin which is not typically recommended except in cases in which an individual may be recalcitrant to or have an intolerance to other forms of first line modalities. The continued role of this topical agent at this chronic stage in the claimant's clinical course of care would not be indicated.