

Case Number:	CM13-0012426		
Date Assigned:	09/18/2013	Date of Injury:	03/11/2009
Decision Date:	01/24/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/13/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 56-year-old female with an original date of injury on March 11, 2009. The patient developed bilateral wrist pain secondary to cumulative trauma injury and underwent subsequent carpal tunnel release bilaterally. Despite this, she continues with persistent wrist pain. On recent physical examination, the requesting healthcare provider notes volar tenderness, and positives Tinel's and Phalen sign bilaterally, indicative of continued carpal tunnel syndrome symptoms. The patient is status post gastric bypass and can no longer tolerate non-steroidal anti-inflammatory drugs. Therefore Terocin lotion is used for wrist pain. A utilization review performed on July 19, 2013 denied this request citing the California Chronic Pain Medical Treatment Guidelines, and specifically stating that "topical/compounded analgesics for pain are not supported in the guidelines and are unproven as an effective treatment alternative for long-term pain management or improvement in overall functionality

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion twice daily, dispensed on 4/16/2013 for the bilateral wrists: 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 Page(s): 111-113.

Decision rationale: The MTUS guidelines, regarding topical analgesics, indicate they are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Further, they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin lotion is a topical formulation consisting of Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10% and Lidocaine 2.50%. The MTUS guidelines indicate that if one drug or drug class is not recommended, then the entire formulation is not recommended. Thus, each active ingredient should be analyzed in making a determination of medical necessity. In this case, the employee is treated primarily for continued median neuropathy at the wrist; the topical Capsaicin is not indicated as its primary indications are osteoarthritis, fibromyalgia and chronic non-specific back pain. Furthermore, the topical lidocaine is recommended only after a trial of a first line anti-epileptic drug. Although this employee has had gastric bypass which precludes the usage of NSAIDs, the anti-epileptic (AED) class of medications are still a viable treatment option. Given the guidelines, the request for Terocin is recommended for non-certification.