MAXIMUS Federal Services

Case Number:	CM13-0014621		
Date Assigned:	10/04/2013	Date of Injury:	01/07/2009
Decision Date:	01/30/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/22/2013

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 Physical Medicine and Rehabilitation, 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 patient is a 39-year-old female who reported an injury on 01/07/2009. The mechanism of injury was not fully documented. It only noted the patient developed tingling and numbness, as well as swelling in both of her hands. The patient was diagnosed as having lateral epicondylitis, limb pain, myalgia, and was treated with trigger point injections and medication. She also underwent a left carpal tunnel release on 01/01/2010. As noted in the documentation, the patient has been using Dendracin and Medrox since 02/07/2012 which was noted to have helped her to control her bilateral upper extremities paresthetic pain. The documentation notes that in 10/2012, the Medrox was changed to Terocin. The documentation dated 01/12/2013 noted the patient was having continued pain in the bilateral epicondyles. She was also noted as having numbness in her fingers with objective findings of bilateral wrist tenderness and a bilateral Tinel's sign. The patient was seen again in 09/2013 which noted she had continued pain in the right lateral epicondyle with some numbness and tingling, as well as having acute spasm at the forearm extensors. The request is for retrospective review for the date of service of 06/12/2013 for the pharmacy purchase of Dendracin 240 mL x2 and for Terocin lotion 240 mL x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for the date of service 06/12/2013 for pharmacy purchase of: Terocin Lotion 240MLx2: 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.

Decision rationale: Under California MTUS, it states many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, gamma agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The patient reportedly received relief while using this medication. However, Terocin lotion includes the ingredient capsaicin as one of its primary ingredients. Therefore, due to the non-recommendation under California MTUS, the continuation for use of Terocin lotion which was prescribed for the patient on 06/12/2013 is not considered medically necessary. Therefore, the requested service is non-certified.

Retrospective review for the date of service 06/12/2013 for pharmacy purchase of Dendracin 240 ML x2: 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.

Decision rationale: Under California MTUS, it states many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, gamma agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The patient reportedly received relief while using this medication. However, Dendracin contains the ingredient benzocaine which is a local anesthetic and is listed under the ingredients not-recommended by CA MTUS. Therefore, due to the non-recommendation under California MTUS, the continuation for use of Dendracin, which was prescribed for the patient on 06/12/2013, cannot be warranted. Therefore, the requested service is non-certified.