

<b>Case Number:</b>	CM13-0028456		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	01/08/2002
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 56-year-old gentleman with a date of injury dating back to January 8, 2002. Recent clinical progress reports for review include an October 7, 2013 assessment with [REDACTED] indicating ongoing complaints of multiple injuries including the low back, mid back, left hernia, bilateral knees, right wrist, left wrist, teeth, right shoulder and right ankle. Subjectively, there were continued complaints of discomfort. Specific to his wrist, there is a documentation of a left wrist scaphoid injury with apparent nonunion. Surgical request in the form of a delayed open reduction internal fixation was being recommended. The treating physician indicates that the surgery had recently been approved. There were several requests in regards to the claimant's perioperative course of care to include Terocin cream, Medrox patches, a 21 day rental of a polar care unit, a pain catheter, a prescription for ReJuviness. Further clinical records in regards to the claimant's hand and wrist are unremarkable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical.

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

**Decision rationale:** Based on California MTUS Guidelines, the role of Terocin cream would not be supported. Terocin cream in combination of topical agent are noted to be largely experimental based on California MTUS Guidelines with randomized clinical trials not determining their efficacy or safety. Specifically in regards to Terocin cream, it contains Capsaicin which is only recommended as an agent in claimants who are intolerant or unresponsive to first line forms of care. The records in this case would not indicate the role of prior first line agents in the postoperative setting or indication for need of this topical compounded analgesic formula at this stage in the clinical course of care.

**Medrox patches #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Menthol.

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

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, the role of Medrox patches are not supported. As stated above, the role of topical compounded agents are largely experimental with few randomized clinical trials determining efficacy and safety. While typically indicated for neuropathic pain, the role of Medrox patches for the acute need for postoperative treatment would neither be supported nor recommended in this case based on other forms of more first line sources of postoperative treatment not being utilized.

**Twenty one (21) day rental of Polar Care:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, continuous cold therapy (CCT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), carpal tunnel procedure-continuous cold therapy (CCT).

**Decision rationale:** California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the role of a cryotherapy device for 21 days in the postoperative setting of a scaphoid surgery would not be indicated. While Official Disability Guideline criteria recommends the role of cryotherapy devices for hand and upper extremity procedures for a 7 day rental, the role of 21 days would not be supported as it would exceed clinical Guidelines and would not be indicated at this time.

**One pain catheter:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), shoulder procedure, post-operative pain pump.

**Decision rationale:** California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the role of a pain catheter following the above mentioned scaphoid procedure would not be indicated. Official Disability Guideline criteria does not recommend the role of postoperative pain devices indicating no evidence of long term efficacy or benefit based on more first line conservative modalities alone. The lack of randomized clinical trials supporting its efficacy would fail to necessitate the role of this device at present.

**Rejuveness:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Classification of Silicon Sheeting for Scar Management - Rejuveness From the Dept of Health and Human Services FDA center for Devices and Radiological Health. The FDA classified silicone sheeting for scar management as a class 1 device.

**Decision rationale:** Based on evidence based review as California MTUS Guidelines and Official Disability Guideline criteria are silent, the FDA classified ReJuviness as silicone sheeting for scar management. This product is with no current literature to support its role in the industrial setting or for work related injury. The specific request would not be indicated as medically necessary.