

Case Number:	CM13-0029566		
Date Assigned:	12/13/2013	Date of Injury:	11/29/2010
Decision Date:	05/16/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/27/2013

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 Interventional Spine, 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 51 year old female with date of injury of 11/29/2010. The listed diagnoses according to [REDACTED] dated 07/25/2013 are: 1. Epicondylitis, Elbow lateral 2. Carpal Tunnel Syndrome 3. Overuse syndrome, hypermobility 4. Hx disease digestive system According to progress report dated 07/25/2013 by [REDACTED], the patient presents with bilateral elbow pain. She rates her pain 5/10. She reports good benefit with medication and paraffin use daily. Objective findings show tenderness to palpation on the left lateral and right lateral epicondyle. The treating physician is requesting terocin.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PRESCRIPTION OF TEROCIN DISPENSED 7/25/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: This employee presents with chronic bilateral elbow pain. The treating physician is requesting a refill for Terocin. For topical compounds and particularly for lidocaine,

MTUS Guidelines page 112 indicates it is "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine is in the formulation of a dermal patch, Lidoderm, has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. Lidocaine patches are indicated for neuropathic pain only after a trial of tricyclic antidepressants or AEDs." Review of the reports do not indicate what this product is being used for and with what benefit. The MTUS guidelines do allow for lidocaine patch forms and it is not known if the treating physician is prescribing Terocin patch or the lotion. Lidocaine patches are indicated for neuropathic pain. However, given the lack of the treating physician's description as to what this product is, and for what it is used, with what result, recommendation is for denial.