

<b>Case Number:</b>	CM13-0034722		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and 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 expert 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist pain, carpal tunnel syndrome, thumb pain, finger pain, and hand pain reportedly associated with an industrial injury of April 1, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; splinting; corticosteroid injection therapy; topical compounds; a TENS unit; right and left carpal tunnel release surgeries with multiple trigger finger release surgeries; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated October 2, 2013, the claims administrator approved a request for Naprosyn; and denied the requests for Tramadol, Terocin, Norco, and menthol-lidocaine compound. The applicant's attorney subsequently appealed. In a medical-legal evaluation of February 21, 2012, the applicant was described as totally temporarily disabled at that point in time. An impairment rating was not provided on that date. In a January 23, 2014 progress note, the applicant was described as not working. She was on Vicodin and Gabapentin for pain relief, in addition to topical compounded drugs such as Terocin and LidoPro. The applicant is also using a TENS unit. The applicant had multifocal hand and wrist pain. Documentation indicates that the applicant was not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PROSPECTIVE REQUEST FOR PRESCRIPTION OF TEROGIN PATCHES #20:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

**Decision rationale:** The MTUS/ACOEM Guidelines in Chapter 3, state that oral pharmaceuticals are a first-line palliative method. In this case, the claimant's successful usage of multiple first-line oral pharmaceuticals, including Naprosyn, Neurontin, and Vicodin effectively obviates the need for topical compounds such as Terocin, which are deemed "largely experimental," per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Terocin Patches # 120 is not medically necessary and appropriate.

**PROSPECTIVE REQUEST FOR UNKNOWN PRESCRIPTION OF MENTHOL/LIDOCAINE 4%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

**Decision rationale:** The MTUS/ACOEM Guidelines in Chapter 3, states that oral pharmaceuticals are a first-line palliative method. In this case, the claimant successful usage of multiple first-line oral pharmaceuticals, including Naprosyn, Neurontin, Vicodin, etc. effectively obviates the need for the menthol-lidocaine compound in question, which is deemed "largely experimental," per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Menthol/Lidocaine 4% is not medically necessary and appropriate.