

<b>Case Number:</b>	CM13-0036591		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Occupational 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 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 patient is a 35-year-old-male who has submitted a claim for bilateral epicondylitis, bilateral radial tunnel, bilateral wrist inflammation and bilateral carpometacarpal joint inflammation associated with an industrial injury date of 4/2/13. Medical records from 2013 were reviewed which showed consistent pain on both wrists associated with tingling and numbness. The patient's pain scale was rated 7/10. The patient's pain radiates down to the fingers of the hand as well as up to the forearm. The patient is unable to sleep on his left shoulder. The patient's pain was made worse by lifting. Physical examination showed tenderness along the carpometacarpal and scaphotrapeziotrapezoid joints bilaterally and along the medial and lateral epicondyle. Shoulder abduction and flexion is 180 degrees, external rotation is 80 degrees on the right shoulder and 70 degrees on the left shoulder. Internal rotation is 45 degrees on bilateral shoulder. Extension is 45 degrees on bilateral shoulder. Reverse phalens is positive on the right. Phalens test was normal on both. Tinel test is negative. Wartenberg sign on the left was positive. Positive piano key test noted on the right and mild on the left. Treatment to date has included 12 physical therapy sessions. Medications taken include, Naprosyn 550 mg/tab, Gabapentin, Prilosec and Tramadol ER. Utilization review from 9/30/13 denied the request for retrospective request of Tercoine Patches, (date of service 9/5/13 to 9/6/13) because guidelines do not support the use of topical analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST OFR MEDICATIONS PRESCRIBED (DATE OF SERVICE 09/05/2013 - 09/06/2013): TEROGIN PATCHES:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**Decision rationale:** As stated on pages 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, Terocin Patch is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED, such as gabapentin or Lyrica). In this case, the patient has been taking Gabapentin since 5/14/2013; however, progress reports mentioned that he had difficulty taking oral medications. Terocin patches were then prescribed since September 2013. The medical necessity has been established. Therefore, the terocin patches were medically necessary.