

Case Number:	CM13-0043371		
Date Assigned:	01/03/2014	Date of Injury:	02/09/2012
Decision Date:	04/29/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/23/2013

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 & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 30-year-old male who reported an injury on 02/09/2012. The mechanism of injury was not provided in the medical records. The 09/26/2013 clinic note reported a complaint of pain to the right elbow with tightness. On examination, he had mild tenderness along the lateral epicondyle of the right elbow with range of motion described from 0 to 130 degrees. The note stated the patient continued to be symptomatic despite surgery and he felt he could not return to his full duty job with his current symptoms. He was recommended a trial of Terocin cream for symptomatic relief.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Terocin patches are a combination of lidocaine and menthol. CA MTUS recommends the use of lidocaine 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). The documentation submitted did not provide evidence of failed outcomes for first-line therapies or peripheral pain. There is a lack of current documentation of neuropathic pain. In addition, the request does not include the quantity requested for the proposed medication. As such the request is non-certified.