

Case Number:	CM13-0050677		
Date Assigned:	12/27/2013	Date of Injury:	07/16/2012
Decision Date:	03/11/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/14/2013

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 and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 32-year-old male who reported an injury on 07/16/2012. The mechanism of injury was not provided for review; however, the result was a crush injury to his right hand with partial amputation of the right index and middle fingers. Subsequently, the patient received an open reduction and internal fixation of the right ring and small finger, with revision amputation and hardware removal in 10/2012. Despite conservative treatment of home exercises and medications, the patient continues to have persistent pain in the right hand and wrist. The most recent clinical note is dated 08/23/2013 and revealed mild swelling of the right hand, limited range of motion of the ring finger and small finger, grip strength of 4-/5, and positive Tinel's, Phalen's, and carpal compression tests. The clinical notes report that the patient is considering further hand surgery. This surgery was not specified. There was no other clinical information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Pain Patches: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend topical analgesics to treat neuropathic and osteoarthritic pain. Guidelines also state that any compounded product that containing at least 1 drug or drug class that is not recommended, deems the entire product not recommended. Terocin contains a compounded mixture of methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.50%. California MTUS Guidelines state that lidocaine is recommended for peripheral/neuropathic pain after there has been evidence of a trial of a first-line therapy tricyclic or SNRI anti-depressant, or an AED such as gabapentin or Lyrica. Topical lidocaine in particular, is only recommended in the formulation of a dermal patch. Although the current request is for a dermal patch formulation, there is no evidence that a primary medication has been tried and failed or that the patient suffers from a peripheral neuropathy. Without this information to support this request, the medical necessity has not been established. As such, the request for Terocin pain patches is non-certified.