

<b>Case Number:</b>	CM13-0055139		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/01/2012
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Sports 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 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 injured worker is a 43-year-old male who reported an injury on 09/01/2012 due to repetitive trauma. The injured worker reportedly sustained an injury to his left hand. The injured worker underwent a left carpal tunnel release in 05/2013. The injured worker was evaluated on 07/18/2013. Physical findings included a well-healed left wrist incision with minimal tenderness, tenderness to palpation at the base of the thumb with a positive grind test. The injured worker was provided with hydrocodone and Theramine for pain relief. The injured worker was evaluated on 08/22/2013. Theramine use was continued. The injured worker was evaluated in 10/2013. Physical findings included a positive Phalen's test of the right hand with a negative Tinel's sign. The injured worker had tenderness to palpation of the base of the thumb with a positive grind test. A prescription of naproxen, Theramine and Terocin cream was provided for pain relief. The injured worker's diagnoses included bilateral carpal tunnel syndrome and bilateral 1st carpometacarpal arthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE NEW TEROGIN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The retrospective request for new Terocin is not medically necessary or appropriate. The request as it is written does not specifically identify what type of Terocin application is being requested. Additionally, there is no frequency or duration of treatment or dosing instructions included with the request. Therefore, the appropriateness of the request cannot be determined. It is noted within the documentation that Terocin cream is being requested. This is a compounded topical analgesic that contains menthol, methyl salicylate, capsaicin and lidocaine. The California Medical Treatment Utilization Schedule does recommend the use of menthol and methyl salicylate for osteoarthritic pain. The clinical documentation does indicate that the injured worker does have osteoarthritis-related pain. The California Medical Treatment Utilization Schedule does not recommend the use of capsaicin as a topical analgesic unless all other forms of chronic pain management have failed to provide symptom resolution. The clinical documentation submitted for review does not provide any evidence that the injured worker has failed to respond to first-line medications, such as antidepressants or anticonvulsants. Additionally, the California Medical Treatment Utilization Schedule does not support the use of lidocaine in a cream formulation, as it is not FDA-approved to treat neuropathic pain. The California Medical Treatment Utilization Schedule does not support the use of any medication that contains at least 1 drug or drug class that is not supported by guideline recommendations. As such, the retrospective request for new Terocin is not medically necessary or appropriate.

**RETROSPECTIVE THERAMINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, THERAMINE

**Decision rationale:** The retrospective request for Theramine is not medically necessary or appropriate. The request as it is submitted does not specifically identify a duration, dosage or intended frequency of treatment. Therefore, the appropriateness of the request as it is submitted cannot be determined. The California Medical Treatment Utilization Schedule does not specifically address Theramine. The Official Disability Guidelines do not support the use of Theramine as an appropriate medication for pain management. As such, the retrospective request for Theramine is not medically necessary or appropriate.