

Case Number:	CM13-0055501		
Date Assigned:	12/30/2013	Date of Injury:	11/10/2009
Decision Date:	04/10/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 patient is a 42 year-old female with an 11/10/2009 industrial injury claim. She has been diagnosed with: s/p left shoulder arthroscopic SAD and debridement of SLAP lesion and partial rotator cuff tear on 1/30/12; left elbow arthralgia consistent with lateral epicondylitis; left wrist arthralgia with symptoms consistent with median nerve compression; left neural foramina narrowing at C4/5 and canal stenosis at C5/6 with myelopathy. According to the 10/1/13 report by [REDACTED], the patient presents with 8/10 pain in the left shoulder, elbow and wrist. The patient reports Terocin patches help allow her to do more around the house. On 11/11/13, UR states the Terocin patches contain methyl salicylate, capsaicin, menthol and Lidocaine, and recommended denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PAIN PATCHES, TWO BOXES: Upheld

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

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

Decision rationale: MTUS for Lidocaine states the dermal patch form is indicated if there have been trials of first-line therapies, TCA, SNRI or an AED. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". In this case, the records do not show that first-line therapies such as TCA, SNRI antidepressants or AEDs have been tried. The patient does not meet the MTUS criteria for topical Lidocaine, therefore the whole compounded topical that contains Lidocaine is not recommended.