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| Case Number: | CM13-0055966 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 10/10/2011 |
| Decision Date: | 03/21/2014 | UR Denial Date: | 10/22/2013 |
| Priority: | Standard | Application Received: | 11/21/2013 |

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 34-year-old female who was injured on October 10, 2011. The injury occurred when she was weight training with her unit during the course of her employment as a police officer. She was doing lat-pulls when she felt a pop and burning sensation from her right shoulder to her right hand. Treatment included medications, cervical steroid injections, surgical interventions, and physical therapy. The patient continued to experience pain in the right upper extremity. Diagnoses included cubital and carpal tunnel syndromes. The request for ten (10) Terocin patches was submitted on October 16, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for ten (10) Terocin patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 105, 111-112.

Decision rationale: Terocin is a topical multidrug compound, which contains methylsalicylate, capsaicin, menthol, and Lidocaine. The Chronic Pain Medical Treatment Guidelines state that only one medication should be given at a time and a trial should be given for each individual

medication. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Lidocaine is recommended for localized peripheral pain after the evidence of trial for first-line therapy. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. Methylsalicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. There are no guidelines present for menthol. In this case, the patient received multidrug compound for medication. This is not consistent with the recommendation for only one medication to be given at a time. In addition, capsaicin and menthol are not recommended. Topical Lidocaine is indicated only for post-herpetic neuralgia, which is not the diagnosis in this case. Based on the recommended guidelines the request for ten (10) Terocin patches is not medically necessary.