

Case Number:	CM13-0056698		
Date Assigned:	12/30/2013	Date of Injury:	05/27/2011
Decision Date:	05/06/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/22/2013

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 Pain Management 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:

This is a 64 year-old female who was injured on 5/27/11. Her diagnoses include persistent right carpal tunnel syndrome after carpal tunnel release on 10/2012; and right wrist CMC DJD. According to the 9/19/13 orthopedic report from [REDACTED], the patient presents with 8/10 right Final Determination Letter for IMR Case Number CM13-0056698 3 wrist and hand pain. She continues with the wrist brace and uses antiinflammatory medications and Tylenol, but they are not controlling her symptoms. The patient declined a cortisone injection, and [REDACTED] recommended hand therapy and a trial of Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL OF TEROGIN 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): 111-113. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

Decision rationale: The patient presents with residual carpal tunnel symptoms. The physician has suggested a trial of Terocin patches. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. MTUS states "Any compounded product that contains at least one drug (or

drug class) that is not recommended is not recommended." MTUS for topical lidocaine states: "Recommended 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)." And "Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain." The available records do not document trials of any tri-cyclic or selective norepinephrine reuptake inhibitor antidepressants, or anti-epileptic drug (AED) medications. The available documentation (SNRI) does not support the need for the dermal patch form of Lidocaine. MTUS did not discuss Menthol so ODG guidelines were consulted. ODG discusses menthol as the active ingredient in Biofreeze, which takes the place of ice packs, and is recommended on "acute" pain. The patient appears to have chronic pain since 2011. The use of Menthol for chronic pain is not in accordance with ODG guidelines. Both of the components of the Tercocin patch are not recommended by either MTUS or ODG guidelines.