

Case Number:	CM13-0058241		
Date Assigned:	12/30/2013	Date of Injury:	02/02/2013
Decision Date:	04/30/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/26/2013

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 Internal medicine and is licensed to practice in Arizona. 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 injured worker is a 35year old man working in construction at the time of injury on February 2, 2013. The injured worker sustained injury to his neck, back, left shoulder and head with resulting chronic pain to the neck radiating into the left shoulder and hand. He has been treated with physical therapy, accupuncture and topical and oral analgesic medications. On September 12, 2013 it is documented that the injured worker has pain in his neck with radiation to the left shoulder and hand rated at a 7/10. The physical exam showed tenderness to palpation over the lower left cervical paraspinal region and left trapezius and acromioclavicular joint. The range of motion was intact and decreased sensation was noted over the C6-C7 dermatomes. His primary provider has requested a topical analgesic compound, Terocin pain patches, #2 boxes.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF TEROGIN PAIN PATCHES #2 BOXES: Upheld

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

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

Decision rationale: The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The active ingredients in Terocin patches are menthol 4% and lidocaine 4%. According to guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or and AED (gabapentin or Lyrica). Topical lidocaine is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The California MTUS guidelines are silent regarding menthol and also state that if one portion of a compounded topical medication is not recommended then the medication, as a whole, is not recommended. In this case, there is a lack of documentation that the patient has tried and failed first line therapy. Furthermore, the patient is not being treated for post-herpetic neuralgia, which is the only approved use for topical lidocaine. Therefore, recommendation is for non-certification.