MAXIMUS Federal Services

Case Number:	CM13-0060954		
Date Assigned:	01/17/2014	Date of Injury:	08/24/2012
Decision Date:	04/22/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/04/2013

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 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 54-year-old female with date of injury on 8/24/12. The mechanism of injury was not provided for review. She has a diagnosis of left wrist pain with scapholunate interosseous ligament tear. The plan is to have surgical repair at some point. Notes state that the patient has also had elbow pain; however, more recent notes state that is not an issue. The last few PR-2s reviewed state that her left wrist ligament injury is the only absolute diagnosis, but also want to rule out cervical radiculopathy or peripheral neuropathy. She had a trigger point injection in the trapezius region with good relief a few months prior to the most recent exam. An electrodiagnostic test is pending approval prior to surgery of the wrist injury. The most current exam shows pain with flexion, ulnar and radial compression, and some decrease range of motion. Past PR-2s documenting the elbow issues in an ulnar distribution failed to show electrodiagnostic criteria for ulnar neuropathy. Current medications include Celebrex and Flexeril. She also wears a wrist brace. Past medications include Tramadol, Vicodin, and Terocin Lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 120ML OF TEROCIN LOTION (7/5/12): 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: The MTUS guidelines state that one medication should be trialed at a time and documentation of the outcome should be made, in terms of function and pain changes. The Terocin lotion contains methyl salicylate, menthol, capsaicin, and lidocaine. The MTUS recommends Lidocaine topical formulations in the form of the Lidoderm patch for neuropathic pain if first-line treatments (tricyclics, SNRI antidepressants, or antiepileptic drugs) have failed. No other formulation is allowed. Topical capsaicin is recommended only if all other standard treatments have failed or the patient is intolerant to other treatment. There is no documentation as to trials of any of the components of Terocin as single agents, nor is there documentation as to failure and/or outcome in terms of pain scores and functionality, to other standard medications trialed. As such, the MTUS guidelines are not met and the Terocin lotion is not medically necessary.