

<b>Case Number:</b>	CM13-0061749		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/26/1999
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for bilateral wrist pain, triggering of multiple fingers, a ganglion cyst, elbow pain, shoulder pain, and CMC joint arthritis reportedly associated with cumulative trauma at work first claimed on March 26, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; transfer of care to and from various providers in various specialties; a wrist corticosteroid injection; and wrist braces. In a utilization review report of October 30, 2013, the claims administrator approved a request for oral Vicodin while denying a request for Terocin. A second request for Norco 10/325 was seemingly denied. The applicant's attorney subsequently appealed. A clinical progress note of March 5, 2013 is notable for comments that the applicant is alleging multifocal wrist pain, hand pain, finger pain, elbow epicondylitis, shoulder impingement, neck pain, and depression secondary to cumulative trauma at work. At that point, the applicant was using Ultracet, Vicodin, Dendracin, Medrox, and Neurontin. On November 27, 2013, it is seemingly suggested that the applicant previously tried Vicodin which was not affected. Norco was therefore endorsed to help her with more severe pain. The applicant is also on Neurontin for pain relief, it is acknowledged. The applicant has elements of depression, insomnia, and stress, it is further noted. The applicant's operating diagnoses include carpal tunnel syndrome, wrist ganglion cyst, CMC joint inflammation, scapholunate inflammation, and elbow epicondylar pain. Norco, Lidoderm, and Terocin were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN LOTION 8OZ QUANTITY 2.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Terocin which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "not recommended." Therefore, the request remains not certified, on Independent Medical Review.

**TEROCIN PATCHES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

**Decision rationale:** Again, ACOEM deems oral pharmaceuticals the most appropriate first-line palliative method. In this case, the applicant is using first-line oral Norco, effectively obviating the need for topical agents such as Terocin which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request remains not certified, on Independent Medical Review.

**NORCO 10/325 #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**Decision rationale:** As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, Norco is indicated in the treatment of moderate to moderately severe pain. In this case, the attending provider has seemingly posited that previous usage of Final Determination Letter for IMR Case Number CM13-0061749 4 Vicodin and Ultracet was ineffectual. Introduction of Norco is therefore indicated and appropriate. Therefore, the request is certified, on Independent Medical Review.