

Case Number:	CM13-0069353		
Date Assigned:	01/03/2014	Date of Injury:	01/12/2012
Decision Date:	05/23/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/20/2013

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, Pulmonary Diseases, 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 injured worker is a 53-year-old male who reported an injury on 01/12/2012. The mechanism of injury was not provided. The documentation of 10/21/2013 revealed the injured worker was utilizing Terocin patches. The documentation of 11/08/2013 revealed the injured worker had a topical anesthetic analgesia that was being prescribed to assist the patient with treatment of mild to moderate acute or chronic ache and pains. The diagnosis was mononeuritis of upper limb and mononeuritis multiplex.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCH #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/terocin.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Salicylate, Section Topical Analgesic and Section Lidocaine Page(s): 105,111,11. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS states "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Lidocaine/Lidoderm and no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The California MTUS guidelines recommend treatment with topical salicylates. Per dailymed.nlm.nih.gov, Terocin patches are topical Lidocaine and Menthol. In this case, the clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was lack of documentation indicating an objective physical examination. There was no progress report nor Division of Workers' Compensation (DWC) Form Request for Authorization (RFA) submitted with the request to indicate the original date of request. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. The clinical documentation indicated the injured worker had been utilizing the medication for 1 month. There was a lack of documentation of the efficacy for the requested medication. The request as submitted failed to indicate the strength as well as frequency. Given the above, the request for Terocin patch #10 is not medically necessary.