

Case Number:	CM13-0070563		
Date Assigned:	01/03/2014	Date of Injury:	04/04/2012
Decision Date:	04/15/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/26/2013

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 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 41-year-old female with a date of injury on 04/04/2012. The notes reflect cumulative trauma over the course of 4 years doing her usual duties of work. She has a diagnosis of bilateral carpal tunnel syndrome (EMG confirmed), bilateral de Quervain's tenosynovitis, and bilateral lateral epicondylitis. There is report of prior physical therapy, acupuncture, and oral medications, but no data as to outcome or pain improvements. It is difficult to discern what current medications the patient is on but there are reports of oral Voltaren, oral naproxen, and unspecified topical creams. The plan is for bilateral carpal tunnel release in the near future, but awaiting approval. Current request is for Terocin patch (methyl salicylate, capsaicin, menthol, and lidocaine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch, #30: 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 Expert Reviewer's decision rationale: The Terocin patch contains methyl salicylate, capsaicin, menthol, and lidocaine. The MTUS guideline states topical salicylates can be recommended for osteoarthritic pain. This patient does not have evidence of osteoarthritis by diagnostic criteria and MRI of the wrist joints shows no osteoarthritis. The MTUS states topical capsaicin can be used only if failure or intolerance to other treatments is documented. Per the records available, there is no clear documentation of any trials of oral medications and responses to pain scores and function. Furthermore, the MTUS states that one medication at a time be trialed and that documentation of outcome be recorded. Based on the lack of evidence in the medical record to past treatments and failures, and the fact that the Terocin patch contains the substances described above (not even discussing the other components), by definition does not meet guideline criteria and the Terocin patch is not medically necessary.