

Case Number:	CM13-0071619		
Date Assigned:	01/17/2014	Date of Injury:	10/02/2001
Decision Date:	06/16/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/30/2013

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 patient is a 33 year old female who was injured on 10/02/2001. Mechanism of injury is unknown. Prior treatment history has included medications such as Naprosyn and penicillin. Diagnostic studies reviewed include EMG/NCV of bilateral upper extremities dated 12/18/2013 revealing a normal EMG study of the cervical spine and upper extremities. It showed no acute or chronic denervation potentials in any of the muscles tested. It did show bilateral carpal tunnel syndrome. An MRI of the left wrist dated 01/02/2013 revealed no significant finding. MRI of the left elbow dated 01/02/2013 revealed moderate joint effusion. MRI of the cervical spine dated 08/04/2013 revealed straightening of the cervical lordosis with decreased range of motion in flexion and extension which may reflect an element of myospasm; disc desiccation at C2-3 down to C6-7, and right maxillary mucosal sinus disease. Progress note dated 11/05/2013 documents the patient with complaints of constant moderate to severe dull, achy left elbow pain, stiffness and heaviness radiating to forearm and bicep and triceps with numbness and tingling, weakness and cramping. She was complaining of constant moderate to severe dull, achy, sharp, stabbing, throbbing left wrist pain, stiffness, heaviness and weakness radiating into all five digits, forearm and left shoulder with numbness, tingling and weakness as well as constant left shoulder pain and weakness. Objective findings on exam revealed that the left elbow ranges of motion were decreased and painful. There was no bruising, swelling, atrophy or lesion present at the left wrist. There was 3+ tenderness to palpation of the volar wrist, medial wrist, lateral wrist, anatomical snuffbox, Thenar, hypothenar, triangular fibrocartilage complex, common wrist extensors and common wrist flexors. Tinel's was positive over the median and ulnar nerve at the wrist and Phalen's and Finkelstein's were positive. Carpal compression test was positive. Diagnoses: 1. Left lateral epicondylitis. 2. Left carpal tunnel syndrome. 3. Dorsal ganglion cyst of the left wrist. 4. Right carpal tunnel syndrome. 5. Left de Quervain's injected 01/29/2013. 6. Left lateral

wrist injected 05/14/2013. 7. Left shoulder pain and dysfunction. Left shoulder supraspinatus tendon tear per MRI. Left ulnar canal compression at Guyon's canal. Treatment Plan: Terocin patch for pain and inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCH: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends Terocin patch (Lidocaine 4% and Menthol 4% as active ingredients) for localized peripheral pain after there has been evidence of a trial of first-line therapy(tri-cyclic or SNRI anti-depressants or an AED such as Lyrica or gabapentin. It is not recommended for non-neuropathic pain (chronic muscle pain).The medical records do not suggest that the patient was offered a first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Lyrica or gabapentin. Even though the patient had non-neuropathic pain (chronic muscle pain), per MTUS Chronic Pain Guidelines, Terocin patch is not recommended. Based on the MTUS Chronic Pain Medical Treatment Guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary