

Case Number:	CM13-0072152		
Date Assigned:	06/11/2014	Date of Injury:	07/24/2000
Decision Date:	08/01/2014	UR Denial Date:	11/25/2013
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 43-year-old female with a reported injury on 07/24/2000. The mechanism of injury was not provided within the clinical notes. The clinical note dated 04/22/2014 reported that the injured worker complained of neck and bilateral upper extremity pain. The physical examination revealed motion of the bilateral shoulders with discomfort to the left side. Tenderness to palpation was noted on the biceps tendon on the left side. Speed's test was positive, impingement sign was mildly positive, acromioclavicular joint was mildly symptomatic. Diagnoses included impingement syndrome and biceps tendonitis of the shoulder on the right, status post decompression; impingement syndrome of the left shoulder and labral biceps tendonitis; brachial plexus inflammation bilaterally with tenderness along the scalene musculature area; weight gain; and sleep issues. The injured worker's previous treatments include 36 physical therapy sessions, trigger point injection with little pain control, and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF TEROGIN PATCHES #20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Terocin patch is a topical analgesic with the active ingredients of Lidocaine 4% and Menthol 4%. According to the MTUS guidelines on topical analgesics having any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, there is a lack of clinical information provided documenting the efficacy of Terocin patches as evidenced by decreased pain with significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency or the location of application of the medication being requested. Furthermore, Terocin patch is a topical analgesic with the active ingredients of lidocaine 4% and menthol 4%. The combination of lidocaine with any other topical medication is not recommended per MTUS guidelines. Therefore, the request for pharmacy purchase of Terocin patches #20 is not medically necessary and appropriate.