

Case Number:	CM14-0000650		
Date Assigned:	01/10/2014	Date of Injury:	04/25/2011
Decision Date:	06/09/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/02/2014

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:

According to the records made available for review, this is a 35 year old female with a 4/25/11 date of injury. At the time (12/11/13) of the decision for Terocin patch, there is documentation of subjective (neck pain and low back pain) and objective (decreased range of motion, positive Hawkin's and shoulder impingement signs, positive Cozen's, positive ulnar Tinel's, paraspinal spasm) findings, current diagnoses (anterior cervical discectomy and fusion, shoulder impingement, cubital tunnel and lateral epicondylitis, and carpal tunnel syndrome), and treatment to date (medication including Terocin).

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): (s) 111-113.

Decision rationale: Terocin patch contains ingredients that include Lidocaine and Menthol. The MTUS Chronic Pain Guidelines indicate that Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for

topical applications. The MTUS Chronic Pain Guidelines also indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Within the medical information available for review, there is documentation of diagnoses of anterior cervical discectomy and fusion, shoulder impingement, cubital tunnel and lateral epicondylitis, and carpal tunnel syndrome. However, Terocin contains at least one drug (lidocaine) that is not recommended. Therefore, based on the MTUS Chronic Pain Guidelines and a review of the evidence, the request for Terocin patches is not medically necessary and appropriate.