

Case Number:	CM14-0001468		
Date Assigned:	01/22/2014	Date of Injury:	10/03/2012
Decision Date:	04/28/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/03/2014

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:

This is a 49 year old female patient with a cervical spine injury 10/3/12. The patient has a diagnosis of cervical radiculopathy, facet arthropathy, multilevel disc disease/herniations. The 12/6/13 acupuncture note indicated that the patient has pain in the neck, head, bilateral shoulder region, bilateral upper limbs. There is decreased pain with 60 minutes of acupuncture. The 10/30/13 progress note stated that the patient has right wrist and hand symptoms. She continues to wear a brace. She declines surgery and injections. She applies the gel which she finds effective. Objectively there was right wrist positive Phalen's, Tinel's and carpal compression testing. The diagnoses included wrist contusion, extensor tendinosis, deQuervain's tenosynovitis, and mild DJD. The 10/24/13 progress note identified that the patient has neck pain with occasional radiation. Objectively, there is tenderness to lower cervical facet regions, limited cervical range of motion. She has been treated with activity modification, medication, chiropractic treatment (x17), and acupuncture. There is a 12/16/13 adverse determination. The neurology consultation was not recommended due to lack of documentation of description of headaches or evaluation and treatment of headaches. The Terocin patches were denied due to lack of evidence of failure of first line treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROLOGY CONSULT FOR HEADACHE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, pages 127 & 156

Decision rationale: The California MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. There is no description of headaches, complex headache syndromes, or evaluation and treatment attempted to date regarding headache complaints. The request for a consult is not medically necessary.

TEROCIN PAIN PATCH BOX: 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 Capsaicin; Topical Salicylates; Topical Analgesics Page(s): 28; 105; 111-113. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Pain chapter, Topical Salicylates

Decision rationale: Terocin contains 4 active ingredients; Capsaicin in a 0.025% formulation, Lidocaine in a 2.50% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 25% formulation. Regarding the Capsaicin component, California MTUS Chronic Pain Medical Treatment Guidelines identify on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, California MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, California MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, California MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. However, there is no clear evidence that the patient did not response to first line agents. Additionally, California MTUS chronic pain medical treatment guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Terocin contains several ingredients that are not recommended. Therefore, the request for Terocin was not medically necessary.