

Case Number:	CM14-0008669		
Date Assigned:	07/11/2014	Date of Injury:	08/07/2012
Decision Date:	08/08/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/22/2014

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 Orthopedic Surgery 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 records presented for review indicate that this 31-year-old female was reportedly injured on August 7, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated May 31, 2013, indicated that there were ongoing complaints of cervical spine pain, right shoulder pain, right wrist/hand pain, bilateral knee pain, and depression/insomnia. Current medications include omeprazole, gabapentin, Norco, and Medrox patches. The physical examination demonstrated decreased cervical spine and right shoulder range of motion. There was a positive right shoulder Speed's test and tenderness at the biceps tendon. Range of motion of the right knee was 0 to 130 with a positive McMurray's test and bilateral joint line tenderness. Diagnostic imaging studies reported acromioclavicular joint arthropathy and biceps tenosynovitis. An MRI of the cervical spine noted disc desiccation at the C2-C3 level. A request had been made for terocin patches and was not certified in the pre-authorization process on December 26, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Pain Patch Box10 #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidocaine Indication Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Terocin patches are a topical analgesic composed of menthol and lidocaine. According to the California chronic pain medical treatment guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, and capsaicin. There was no peer-reviewed evidence-based medicine showing that there is any efficacy of any other compounded ingredients including menthol. For these reasons, this request for Terocin Patches is not medically necessary.