

Case Number:	CM14-0100897		
Date Assigned:	07/30/2014	Date of Injury:	11/05/2012
Decision Date:	10/16/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in California and Washington. 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 57-year-old female with a reported date of injury on 11/05/2012. The mechanism of injury was noted to be due to cumulative trauma. Her diagnoses were noted to include cervical discopathy, double crush syndrome, bilateral carpal tunnel syndrome, impingement with full thickness tear of the supraspinatus tendon and SLAP lesion to the right shoulder, impingement with partial tear of the infraspinatus tendon and SLAP tear to the left shoulder. Her previous treatments were noted to include home exercise program, physical therapy, chiropractic treatment, and medications. The progress note dated 04/17/2014 revealed complaints of constant neck pain and spasm and wrist pain. The physical examination revealed positive Spurling's, positive Tinel's/Phalen's, and decreased range of motion. The Request for Authorization form was not submitted within the medical records. The request was for Terocin patches quantity 30 for topical analgesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch Quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate, Topicals Analgesics, Topical Analgesic, Lidocaine, Page(s): 105, 111,112.

Decision rationale: The request for Terocin patch quantity 30 is not medically necessary. The injured worker has been utilizing this medication since at least 03/2014. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or selective serotonin and norepinephrine reuptake inhibitor antidepressants or an AED, such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. However, the guidelines recommend lidocaine in the formulation of a Lidoderm patch only; therefore, the Terocin patch is not supported by the guidelines. As such, the request is not medically necessary.