

Case Number:	CM14-0101462		
Date Assigned:	07/30/2014	Date of Injury:	05/10/2012
Decision Date:	08/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/01/2014

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 Pain Management, 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 injured worker is a 37 year old male with a history of industrial injury on May 10, 2012. According to the submitted clinical notes, the injured worker reported that on May 10, 2012 while working with a tool and die company, he was working with a zinc bar that was impacting an immovable object repetitively which resulted in right wrist pain. The listed diagnoses are: contusion right hand and carpal tunnel syndrome. Reported treatment to date has consisted of activity modifications, oral analgesics, physical therapy, splinting, and carpal tunnel steroid injections x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Topical Pain Patch (5 patches per box) x2 boxes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebs-437ba8de-37cc76ece9bb>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, compounded Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics, compounded.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) guidelines are silent in regard to this request, therefore the California Chronic Pain Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines have been applied. Terocin lotion contains menthyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.5%. The cited guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended overall. Therefore, given that the only approved topical lidocaine is lidocaine 5% patches, medical necessity for this request has not been established. Furthermore, before considering topical analgesics, there should be evidence of a trial of first-line neuropathy medications [tri-cyclic or serotoninnorepinephrine reuptake inhibitors (SNRI) anti-depressants or an antiepileptic drugs (AED) such as gabapentin or Lyrica].