

Case Number:	CM14-0103155		
Date Assigned:	07/30/2014	Date of Injury:	05/14/2012
Decision Date:	09/15/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/03/2014

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 Physical Medicine and Rehabilitation 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 30-year-old male who reported an injury due to cumulative trauma on 05/14/2012. On 03/17/2014, his diagnoses included wrist pain and carpal tunnel syndrome. The submitted physician's progress note is handwritten and very difficult to read. It could not be determined if any medications were documented in the progress notes. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin Patches #30: 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): 111-113.

Decision rationale: The request for retro Terocin patches #30 is non-certified. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded in combination for pain control with local anesthetics. There is little to no research

to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. Terocin patches contain menthol 4% and lidocaine 4%. The only form of FDA approved topical application of lidocaine is the 5% transdermal patch for neuropathic pain. Additionally, there were no body part or parts specified where the patches were to have been applied. Furthermore, there was no frequency of application included in the request. Therefore, this request for retro Terocin patches #30 is non-certified.