

Case Number:	CM14-0113769		
Date Assigned:	08/01/2014	Date of Injury:	02/27/2013
Decision Date:	09/25/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/21/2014

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 & 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 27 year-old female who reported a work related injury on 02/27/2013. The mechanism of injury was not provided for review. The injured worker's diagnoses consisted of a sprain of unspecified site of the shoulder and upper arm. The past treatments have included physical therapy, home exercise program, and ultrasound guided injections which revealed. The injured worker had a MRI which revealed a neuro foraminal opening at L5-S1. Upon examination on 06/11/2014 the injured worker complained of continued pain in the lumbar spine with numbness and tingling in the right foot. She also has pain to her right shoulder with overhead movements. Objective finding revealed decreased range of motion of the right shoulder and lumbar spine as well as decreased right ankle reflex. It was also noted that there was positive shoulder impingement. The medications were illegible. An appeal letter dated 06/25/2014 stated the injured worker had previously been prescribed Neurontin in the past for her arm paresthesias from her myofascial pain, but it was not sufficient in controlling her numbness, so she was prescribed Terocin on 05/14/2014 which was essential in controlling inflammation and neuropathic pain. It was also noted that the injured worker is not interested in taking narcotics. The treatment plan was Terocin patch. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

Decision rationale: The request for Terocin Patch #30 is not medically necessary. The Terocin patch is noted to consist of Lidocaine and Menthol. The California MTUS states topical analgesics are primarily recommended for neuropathic pain after the failure of first-line therapies. Terocin patches contain Lidocaine and menthol. In regard to Lidocaine, the guidelines state there are no commercially approved topical formulations of Lidocaine indicated for neuropathic pain except for the Lidoderm brand patch. An appeal letter was submitted stating the injured worker had previously been prescribed Neurontin for her arm paresthesias and her myofascial pain, but it had not been sufficient in controlling her numbness, so she was prescribed Terocin on 05/14/2014 which was essential in controlling inflammation and neuropathic pain. Based on this documentation, use of topical analgesics may be warranted. However, the guidelines specifically do not recommend any formulation of Lidocaine, other than the Lidoderm brand patch. Additionally, the request, as submitted, did not specify a frequency of use. For the reasons noted above, the request for Terocin Patch #30 is not medically necessary.