

Case Number:	CM14-0150285		
Date Assigned:	09/19/2014	Date of Injury:	05/16/2012
Decision Date:	12/18/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand, wrist, neck, and finger pain reportedly associated with an industrial injury of May 16, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; unspecified amounts of extracorporeal shock wave therapy; topical compounds; and extensive periods of time off of work. In a Utilization Review Report dated August 18, 2014, the claims administrator denied a request for Terocin patches. In a February 3, 2014 progress note, the applicant reported ongoing complaints of neck pain, myofascial pain syndrome, hand pain, and wrist pain. The applicant was asked to remain off of work, on total temporary disability. There was no explicit discussion of medication selection or medication efficacy. The applicant went on to receive extracorporeal shock wave therapy on July 31, 2014. On July 26, 2014, the applicant again reported ongoing complaints of hand, wrist, and neck pain with ancillary issues including diabetes and hypertension also evident. Six sessions of acupuncture and multiple topical compounded medications were endorsed, including a flurbiprofen-tramadol-cyclobenzaprine compound, a gabapentin-containing topical compound, and an amitriptyline-containing topical compound. The applicant was asked to continue naproxen, Prilosec, and Neurontin while remaining off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches, 3 boxes, 1 month supply: 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.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as Terocin, as a class, are deemed "largely experimental." In this case, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including naproxen, Neurontin, etc., effectively obviated the need for the Terocin patches at issue. Therefore, the request for Terocin patches is not medically necessary.