

Case Number:	CM14-0150713		
Date Assigned:	09/19/2014	Date of Injury:	05/05/2011
Decision Date:	10/27/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/16/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 51-year old male who has submitted a claim for osteoarthritis, right shoulder, cervical facet syndrome, C2-C3 disc protrusion, and C5-C6 degenerative disc disease associated with an industrial injury date of 05/05/2011. Medical records from December 2013 to July 2014 were reviewed and showed constant neck, head, and shoulder pain, 6/10, aggravated over the course of the day, by activities, and by driving. There was no weakness, loss of bowel or bladder incontinence. Physical examination of cervical spine from latest progress notes dated 07/29/2014 showed flexion 40 degrees, extension 40 degrees eliciting left side of the base of the skull pain, side bending left 15 degrees eliciting left occipital pain and left eye pain, side bending right eliciting right shoulder and base of the skull pain, rotation to the left 70 degrees eliciting left upper trapezius pain, and rotation to the right 80 degrees increasing pain at the base of the skull on the right. Tenderness to palpation was elicited over the facets of the right shoulder at C3-C4, C4-C5, and C5-C6. Spurling's maneuver bilateral elicits left trapezius pain and pain radiating into his left eye. Sensory and motor testing were not included in the medical records provided. Treatment to date has included right labral shoulder surgery 06/2013, PT, acupuncture, cervical facet injection, intra-articular right shoulder injection of hyaluronic acid (07/03/2014), and medications: Effexor (March 2014), Norco 5/325 mg (since at least December 2013), Diclofenac, Lyrica, and Terocin patch (March 2014). Utilization review dated 09/09/2014 denied the request for Terocin patches boxes #3 since CA MTUS do not recommend topical analgesic creams on patches and only recommended for treatment of neuropathic pain after failed first-line therapy of anti-depressants and anti-convulsants, which is not documented in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS (Date of Service) 8/26/2014 Terocin Patches Boxes Quantity: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL NSAIDSTOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch, Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical Salicylate

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Regarding the Menthol component, the MTUS does not cite specific provisions, but the Official Disability Guidelines (ODG) Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, patient was prescribed Terocin patch on March 2014. Patient was also prescribed at the same time with Effexor, an anti-depressant, which is a first-line therapy. Symptoms persisted despite Effexor use prompting adjuvant therapy with lidocaine patch. However, there is no documentation concerning pain relief and functional improvement derived from its use. The medical necessity cannot be established due to insufficient information. Therefore, the retrospective request for Terocin patches boxes #3 (date of service 8/26/2014) is not medically necessary.