

Case Number:	CM14-0155345		
Date Assigned:	09/25/2014	Date of Injury:	11/10/2003
Decision Date:	10/27/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/23/2014

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 Illinois. 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 64-year-old female who reported injury on 11/10/2003 due to continuous usage of her hands during her customary duties. The injured worker has diagnoses of bilateral wrist tendonitis, rule out carpal tunnel syndrome due to persistent numbness of long fingers, bilateral epicondylitis and trapezius and shoulder strain. Past medical treatment consists of physical therapy, acupuncture, ultrasound, massage, infrared, and medication therapy. Medications include Biofreeze 4% roll on, Biofreeze with Ilex Gel, Celebrex, and Terocin patches. The injured worker has undergone x-rays of the cervical spine and the wrists. On 07/28/2014 the injured worker complained of ongoing pain in the neck. It was noted on physical examination that the injured worker had a pain rate of 4/10. Physical examination of the cervical spine revealed that there was no crepitus noted in the joints, trigger points palpated in the upper trapezoids, lower trapezoids, sternocleidomastoid, and splenius capitis bilaterally. Cervical range of motion had a forward flexion of 10 degrees, extension of 10 degrees, rotation to the left of 10 degrees, rotation to the right of 10 degrees, lateral bending to the left of 10 degrees, lateral bending to the right of 10 degrees. Medical treatment plan is for the injured worker to continue the use of Terocin lotion. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of terocin lotion 120ml 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, topical Capsaicin, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Terocin Cream Page(s): 111.

Decision rationale: Terocin lotion is comprised of methyl salicylate, capsaicin, menthol, and lidocaine. The California MTUS Guidelines state that topical compounds are largely experimental in use and few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compound product that contains at least one drug that is not recommended is not recommended. The guidelines state that capsaicin is recommended only as an option if the injured worker has not responded to or is intolerant to other treatments. The guidelines also state that Lidoderm patches are the only topical form of lidocaine approved. The included medical documentations did not indicate that the injured worker had not been responsive to or intolerant to other treatments. The guidelines do not recommend topical lidocaine in any other form other than Lidoderm. The submitted documentation also lacked evidence of a failed trial of antidepressants or anticonvulsants. The request as submitted did not indicate a frequency or duration, or the site at which the Terocin cream would be intended for. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for 1 prescription of Terocin lotion 120ml 4oz is not medically necessary.