

Case Number:	CM14-0155587		
Date Assigned:	10/03/2014	Date of Injury:	04/24/2003
Decision Date:	11/26/2014	UR Denial Date:	08/22/2014
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 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:

Injured worker is a female with date of injury 4/24/2003. Per primary treating physician's progress report dated 7/22/2014, the injured worker complains of neck, shoulder and arm pain that continues to be the same. Pain is aggravated by ADLs such as lifting, pulling and pushing. She continues to work, and continues to do self-care when out of work due to decreased inflammation. She takes medication as needed. On examination the right shoulder range of motion is flexion 140 degrees, abduction 140 degrees, extension 40 degrees, adduction 50 degrees, internal rotation 80 degrees, and external rotation 70 degrees. There is tenderness of the rotator cuff. Left elbow range of motion is flexion 125 degrees, extension full, pronation 80 degrees, and supination 80 degrees all with pain. There is tenderness of the lateral epicondyle. Right wrist range of motion is flexion 50 degrees, extension 45 degrees, radial deviation 15 degrees and ulnar deviation 20 degrees. There is tenderness over distal radial ulnar junction. Phalen's and Tinel's are positive. Diagnoses include 1) status post right lateral epicondylectomy 2) status post cubital tunnel release 3) status post right medial epicondylectomy 4) right shoulder impingement 5) right shoulder tendonitis 6) bilateral wrist tendonitis 7) insomnia 8) gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches 30 day supply- apply to affected area every 12 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 78, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per manufacturer's information, Terocin Patch is a combination topical analgesic with active ingredients that include menthol 4% and lidocaine 4%. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The MTUS Guidelines recommend the use of topical lidocaine primarily for peripheral neuropathic pain when trials of antidepressant and anticonvulsants have failed. It is not recommended for non-neuropathic or muscular pain. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not evident from the medical reports that the injured worker has peripheral neuropathic pain with failure of treatments of antidepressant and anticonvulsant medications. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. Medical necessity of this compounded topical analgesic has not been established within the recommendations of the MTUS Guidelines. The request for Terocin patches 30 supply- apply to affected area every 12 hours is determined to not be medically necessary.