

Case Number:	CM14-0023585		
Date Assigned:	05/12/2014	Date of Injury:	01/06/2011
Decision Date:	08/07/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/24/2014

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, Pain Medicine and is licensed to practice in Florida. 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 58-year-old male who reported a pulling injury on 01/06/2011. That evening he developed left lateral elbow pain. On 10/01/2013, he reported a new onset of right elbow pain of 3-months duration. He stated that it was due to overuse of the right elbow, because his left elbow had been painful. He reported that his left elbow had been in constant and unchanging pain. He reported that the pain awakened him 3 to 4 nights per week. He reported that the pain increased with lifting anything over 15 pounds and with any activity requiring repetitive movement. He had an unknown injection to the left lateral epicondyle on 04/26/2012 which reduced the pain by 50% but only for 1 day. He had an unknown injection to the left elbow on 09/02/2011 and reported that it decreased the pain by 100% but only for 2 days. He reported that his symptoms were relieved by rest and the use of NSAIDs. He had an MRI of the left elbow on 02/15/2011 which showed a large effusion as well as epicondylitis and minor degenerative changes. The range of motion of the elbow showed full extension and flexion without pain. An examination of the left elbow revealed stable varus/valgus, no posterolateral rotary instability, and an occasional clunk on full extension. The radial head/neck were nontender and the distal biceps tendon was mildly tender with a negative Speed's test. There was no crepitus but slight effusion with tenderness to palpation at the soft spot. On the right elbow there was a positive flexion test, negative Tinel's test at the cubital tunnel, negative tenderness at the cubital tunnel, and the nerves seemed to be subluxating. There was positive tenderness over the extensor and flexor origin, positive mild extensor resistance testing, and negative flexor resistance testing. There was minimal tenderness of the arcade of Froese. The results of the examination revealed that this worker had signs and symptoms consistent with left lateral and medial epicondylitis and mild osteoarthritis of the left elbow with occasional clunk. On 12/17/2013, his complaints included intermittent pain of the left elbow, mostly related to

grasping and lifting. The examination revealed full motion of the elbows bilaterally. There was no joint line tenderness at all. There was no cubital tunnel tenderness. Provocative tests for cubital tunnel syndrome were negative bilaterally and the elbows were stable bilaterally. An x-ray of the left elbow revealed normal alignment with slight degenerative changes, with a well maintained joint space. The diagnostic impression was left elbow tendonitis. There was no request for authorization or rationale included with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 12/17/13) FOR TEROGIN FOR TREATMENT OF BILATERAL ELBOWS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 105,111-113.

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

Decision rationale: The request for retrospective request (Dos: 12/17/2013) for Terocin for treatment of bilateral elbows is not medically necessary. California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded in combination for pain control (including NSAIDs, opioids, capsaicin, and local anesthetics). There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. There are no records of previously failed trials of antidepressants or anticonvulsants in this worker's chart. Terocin's active ingredients are methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.50%. The only form of lidocaine approved by the FDA for neuropathic pain is a dermal patch. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of this worker not having responded or being intolerant to other treatments. The request is to have this solution applied bilaterally, but the documentation only attests to tendonitis in the left elbow. Therefore, this request for retrospective request (Dos: 12/17/2013) for Terocin for treatment of bilateral elbows is not medically necessary.