

Case Number:	CM14-0027423		
Date Assigned:	04/23/2014	Date of Injury:	08/11/2006
Decision Date:	05/22/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/04/2014

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 Internal 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 patient is a 49 year old female who was injured on 08/11/2006. The mechanism of injury is unknown. She carries a diagnosis of right shoulder strain and partial tear with impingement, chronic lumbosacral strain, and discogenic disease with sciatica at L5-S1, bilateral carpal tunnel syndrome, depression and anxiety. Prior treatment history has included debridement and arthroscopic decompression of the right shoulder on 08/01/2007; status post laminectomy and discectomy in 2008; and status post anterior -posterior (360) fusion on 04/28/2008. She has also received physical therapy and steroid injections. The patient's medications as of 09/12/2013 include: Depo-Medrol injection, Norco, Restoril, Neurontin, Terocin PR2 dated 09/12/2013 states the patient is now having significant discomfort particularly with respect to the right upper extremity. She has had no new injuries. There have been attempts to obtain an MRI of the cervical spine. Objective findings on exam revealed her upper extremity motor and sensory exams show weakness of the right grip and biceps. She has good shoulder range of motion; negative Slocum's and impingement. She has decreased cervical extension. Final Determination Letter for IMR Case Number [REDACTED] She was given extra Norco for pain, Restoril for sleep, Neurontin and Terocin patches. PR2 dated 10/23/2013 reports the patient is still having significant discomfort with respect to her right upper extremity and suspect it is due to her C5-C6 radiculopathy. She has had no new injuries. Objective findings on exam show weakness of the right grip and biceps. She has good range of motion; negative Slocum's and impingement, decreased cervical extension. The patient is diagnosed with C5-C6 radiculopathy; right rotator cuff tear with impingement; right rotator cuff reconstruction, shoulder decompression, and arthroscopy, and mild bilateral carpal tunnel syndrome. Her Restoril, Neurontin, and Terocin patches were refilled. Request is made for surgical evaluation of the neck. In all of the records

reviewed, there is no mention of the severity of pain or improvement with Gabapentin and/or Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCHES #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

Decision rationale: As per CA MTUS guidelines, Terocin patch is a topical analgesic consisting Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. Topical analgesics are an option for various types of pain, and many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, to name a few). There is little to no research to support the use of many of these agents. The CA MTUS state that Lidocaine in the formulation of Lidoderm patch may be considered 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). Salicylate and capsaicin have also demonstrated some benefit in conditions such as osteoarthritis and chronic non-specific pain, as compared to placebo. However, there is no mention of menthol in the guidelines. Furthermore, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. While the patient was experiencing pain despite using Gabapentin, there is no documentation that the addition of Terocin patches improved her pain levels. In addition, there is no evidence to support the use of menthol as a topical analgesic. Given the afore mentioned reasons, the request is not medically necessary and appropriate.