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| Case Number: | CM14-0034922 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 10/04/2013 |
| Decision Date: | 08/06/2014 | UR Denial Date: | 03/13/2014 |
| Priority: | Standard | Application Received: | 03/20/2014 |

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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 55-year-old male with a date of injury of 10/4/13. The listed diagnoses per [REDACTED] are right lateral epicondylitis, right forearm tendonitis, myofascial pain, left lateral epicondylitis, and possible left ulnar impingement. According to the progress report from 2/6/14, the patient presents with persistent pain and paresthesias in the right elbow and forearm. She also has left arm pain in the bicep, elbow, medial forearm, and 4th and 5th digits. The patient reports limited use of his arms due to pain. He rates his pain as 9/10 in intensity without medication and 5/10 with Terocin and Flexeril. The treating physician notes that the patient may have a possible left ulnar impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion: Upheld

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

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

Decision rationale: This patient presents with persistent pain and paresthesias in the right elbow and forearm. He also complains of left arm pain in the bicep, elbow, medial forearm, and 4th and 5th digits. The treater is requesting a refill of Terocin lotion. Terocin topical cream contains capsaicin, methyl salicylate, menthol, and lidocaine. The MTUS Guidelines state that topical analgesics are largely experimental and have few randomized control trials to determine efficacy or safety. The MTUS further states, that any compounded product that contains at least one (or drug class) that is not recommended is not recommended. Per the MTUS, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. As such, the request is not medically necessary.