

Case Number:	CM14-0036417		
Date Assigned:	06/25/2014	Date of Injury:	03/12/2012
Decision Date:	07/22/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/25/2014

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 has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 57-year-old male with a 3/12/12 date of injury. At the time (1/31/14) of the request for authorization for one prescription of Terocin patches and one urine drug screen, there is documentation of subjective (burning, radicular neck pain, muscle spasms, burning right shoulder pain radiating into arm/fingers, sharp right elbow pain, and burning right wrist pain) and objective (tender suboccipitals, scalenes, decreased range of motion of the cervical spine, positive cervical compression/distraction, deformity of biceps muscle, tender rotator cuff tendon, positive Neer's, tender lateral epicondyle, tender carpal tunnel, positive Tinel's, and decreased sensation bilateral & along the median nerve distribution right) findings, current diagnoses (cervical radiculopathy, cervical spine stenosis, other cervical disc displacement, right shoulder rotator cuff tear, long head of the right biceps tear, lateral epicondylitis, and right wrist carpal tunnel syndrome), and treatment to date (medication including ongoing opioid use and Terocin patches for at least 2 months). In addition, there is documentation of a urine drug screen performed on 12/5/13, 1/6/14, and 1/8/14. Regarding the one urine drug screen, there is no documentation that the patient is at "high risk of adverse outcomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Terocin patches: Upheld

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

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

Decision rationale: Terocin patch contains ingredients that include Lidocaine and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, cervical spine stenosis, other cervical disc displacement, right shoulder rotator cuff tear, long head of the right biceps tear, lateral epicondylitis, and right wrist carpal tunnel syndrome. However, Terocin contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for one prescription of Terocin patches is not medically necessary.

One urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, page, 78 Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Official Disability Guidelines supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at low risk of addiction, 2 to 3 times a year for patients at moderate risk of addiction & misuse, and testing as often as once per month for patients at high risk of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, cervical spine stenosis, other cervical disc displacement, right shoulder rotator cuff tear, long head of the right biceps tear, lateral epicondylitis, and right wrist carpal tunnel syndrome. In addition, there is documentation of a urine drug screen performed on 12/5/13, 1/6/14, and 1/8/14. However, there is no documentation that the patient is at high risk of adverse outcomes. Therefore, based on guidelines and a review of the evidence, the request for one urine drug screen is not medically necessary.