

Case Number:	CM14-0040912		
Date Assigned:	06/30/2014	Date of Injury:	02/10/2010
Decision Date:	08/20/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/08/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 58-year-old female was reportedly injured on 2/10/2010. The mechanism of injury was noted as cumulative trauma. The most recent progress note, dated 1/28/2014, indicated that there were ongoing complaints of neck pain, mid back pain, bilateral arm/hand numbness, and bilateral knee pains. The physical examination demonstrated cervical spine positive tenderness in the cervical spine with limited range of motion. There is tenderness to bilateral shoulders over the acromioclavicular joint with limited range of motion and pain. Bilateral elbows have tenderness to palpation at the lateral epicondyle. Bilateral hands have positive Tinel's sign and positive Phalen's test. Bilateral knees had medial joint line tenderness and crepitus noted with range of motion. Diagnostic imaging studies include an EMG/NCV of bilateral upper extremities, dated 12/18/2013, which revealed bilateral carpal tunnel syndrome. Previous treatment included physical therapy, medication, and conservative care. A request was made for Terocin Patch and was not certified in the pre-authorization process on 4/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin Patch, qty unknown, dispensed on 02/25/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM) Practice Guidelines, Pages 121-122 and Physician 's Desk Reference.

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

Decision rationale: Terocin Patch is recommended as an option, as indicated below, and largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is also primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) 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. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. After review of the medical records provided, there was no documentation of failure of a first-line treatment or intolerance to oral medications. Therefore, this request is deemed not medically necessary.