

Case Number:	CM14-0045021		
Date Assigned:	07/02/2014	Date of Injury:	11/17/2009
Decision Date:	07/31/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/14/2014

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 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:

This is a 44-year-old male who sustained a remote industrial injury on 11/17/09 diagnosed with left shoulder pain and carpal tunnel syndrome. Mechanism of injury occurred while the patient was performing his usual duties and suddenly collapsed while on duty. The request for Terocin patches #10 was denied at utilization review due to this compounded medication containing lidocaine and the only topical lidocaine recommended in the form of a patch is Lidoderm. The most recent progress note provided is 04/28/14. This progress report is handwritten and barely legible. It appears the patient complains of numbness and this is a pre-operative visit for the patient's carpal tunnel release surgery. Physical exam findings appear to reveal a positive Tinel's sign; positive Phalen's; weakness; and numbness. Current medications are not listed. On a request for authorization form, dated 03/20/14, the treating physician requests the following medication: Naproxen sodium 550mg #100, Cyclobenzaprine hydrochloride 7.5mg #120, Ondansetron 8mg #30 x 2 quantity 60, Omeprazole 20mg #120, Tramadol hydrochloride 150mg #90, and Terocin patch #10. Provided documents include several previous progress reports and two procedure reports. The patient's previous treatments include several medications, epidural steroid injections, carpal tunnel release surgeries, acupuncture, chiropractic adjustments, and physical therapy. Imaging studies provided include an EMG/NCS, performed on 07/03/13, which yielded normal results. An MRI of the cervical spine, performed on 06/25/13, is also provided and reveals mild disc desiccation of C3-4, C4-5, C5-6, and C6-7, causing mild central canal stenosis and mild bilateral neural foraminal stenosis at C3-4 and C4-5. An MRI of the left shoulder and right shoulder, both performed on 01/09/14, reveal supraspinatus tendinopathy, signal alteration of the superior labrum, and osteoarthritic changes of the acromioclavicular joint along with mild subacromial spurring.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Terocin patches #10: Upheld

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

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

Decision rationale: When assessing the medical necessity of topical medications, CA MTUS is utilized, which notes that topical application of medications is largely experimental. Terocin patches specifically contain Menthol and Lidocaine. According to MTUS, topical Lidocaine is "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an Anti-Epilepsy Drugs (AEDs) such as gabapentin or Lyrica)." The documentation does not describe the failure of readily available oral agents in the antidepressant, antiepileptic, or non-steroidal anti-inflammatory class to support the medical necessity of the Terocin patches. Further, guidelines highlight that Lidoderm is the only commercially approved topical formulation of lidocaine. Lastly, the frequency of use is not specified. For these reasons, medical necessity of Terocin patches #10 is not supported and the request is not medically necessary and appropriate.