

Case Number:	CM14-0051679		
Date Assigned:	07/07/2014	Date of Injury:	08/29/2006
Decision Date:	08/28/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/18/2014

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:

The injured worker is a 60-year-old male who reported an injury on 08/29/2006. Prior treatments included physical therapy and a TENS unit. The documentation indicated the injured worker had been utilizing topical ointments long time. The mechanism of injury was not provided. The documentation of 02/11/2014 revealed the injured worker had complaints of neck pain and upper extremity symptoms. The diagnoses included HNP of the cervical spine with stenosis, cervical radiculopathy; status post left shoulder surgery, right shoulder arthralgia, bilateral shoulder impinging bursitis, bilateral carpal tunnel syndrome, and cervicogenic versus neurogenic headaches. The treatment plan included an epidural steroid injection and medications including 2 boxes of Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch 10 patches times 2 # 20: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, , Topical Analgesic Page(s): 105 page 111, page 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety ... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed ... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be 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 AED such as Gabapentin or Lyrica) ... No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per dailymed.nlm.nih.gov, Terocin patches are topical Lidocaine and Menthol. The clinical documentation submitted for review failed to indicate a trial and failure of first line therapy. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. The clinical documentation indicated the injured worker had utilized the topical ointments for a long time. There was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the frequency for the requested medication. Given the above, and the lack of documentation of objective functional benefit and an objective decrease in pain, the request for Terocin patch 10 patches times 2 # 20 is not medically necessary.