MAXIMUS Federal Services

Case Number:	CM14-0051971		
Date Assigned:	07/07/2014	Date of Injury:	02/01/2008
Decision Date:	08/27/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/21/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56-year-old female who reported an injury on 02/01/2008. The mechanism of injury was not provided in the medical records. Her diagnoses include cervical spine sprain/strain, status post cervical surgery 07/12/2011, right shoulder sprain/strain/tendonitis, right adhesive capsulitis/frozen shoulder, status post right shoulder decompression revision, and status post right brachial plexus surgery in 11/2013. Her past treatments include physical therapy, acupuncture, medications, and surgery. Her past surgical history included a cervical spine surgery on 07/12/2011, right shoulder surgery on 03/20/2010 and 08/13/2012, and a right brachial plexus surgery in 11/2013. The injured worker has continued to have complaints of neck and right shoulder pain since her injury. Per the clinical note dated 02/21/2014, she indicated her pain was a 10/10 in her neck and right shoulder and it had remained unchanged since her last visit. On physical examination of the cervical spine, the physician reported there was tenderness to palpation over the paraspinal muscles and restricted range of motion. On physical examination of the right shoulder, there was tenderness to palpation, restricted range of motion, and her impingement and supraspinatus tests were positive. The physician reported the injured worker was released from care by her neurosurgeon. Her current medications include Terocin patch 4%. The physician's treatment plan included a Request for Authorization for acupuncture treatment to the right shoulder, urine toxicology, and a prescription for Terocin patch 4%. The current request is for Terocin patch 4%. The rationale was not provided for the medication. The Request for Authorization was provided on 02/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Terocin patch 4%: 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: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that compound products that contain at least 1 drug that is not recommended are not recommended. Terocin patch 4% active ingredients are Menthol 4% and Lidocaine 4%. The guidelines state that Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, including Tricyclics or SNRI antidepressants, or an AED such as Gabapentin or Lyrica. Topical Lidocaine is recommended in the formulation of a dermal patch, Lidoderm, for neuropathic pain. There are no other commercially-approved topical formulations of Lidocaine (whether creams, lotions, or gels) indicated for neuropathic pain. The documentation did not provide sufficient evidence of intolerance or lack of response to first-line treatment in order to warrant the use of the Terocin patch. The clinical information submitted for review indicated the injured worker continued to have chronic neck and right shoulder pain. However, the documentation did not provided evidence that the injured worker had tried and failed antidepressants or any other anticonvulsants prior to the use of topical analgesics. Additionally, the use of topical Lidocaine is not recommended for use except in a Lidoderm patch. Therefore, as the requested Terocin patch contains ingredients that are not recommended, the topical compound would not be supported. Furthermore, the request failed to provide a frequency and instructions for use, including the body part to which the patch was to be applied. As such, the request for 1 prescription of Terocin patch 4% is not medically necessary.