

Case Number:	CM14-0058156		
Date Assigned:	07/09/2014	Date of Injury:	10/05/2006
Decision Date:	09/09/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/28/2014

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 Family Medicine 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 46 year old female that reported an industrial injury on 10/5/2006, almost eight (8) years ago, attributed to the performance of her job tasks. The patient was evaluated in follow up for the bilateral knees, shoulder, elbow, and neck pain. The patient reported an increase and burning pain in the bilateral knees as well as numbness and pins and needles in the bilateral hands. The patient reported ongoing depression. It was documented that the patient was prescribed MSIR 15 mg five times daily; Terocin cream; Prilosec; and Cymbalta 60 mg. The patient also received Nuvigil for the diagnosis of narcolepsy. The objective findings on examination include decreased range of motion to the cervical spine; decreased left hand grip; neurologically intact to the upper extremity. The diagnoses included mild cervical stenosis C4-C5, C5-C6; left de Quervain's tenosynovitis s/p DQR; postoperative infection; status post Arthroscopy right shoulder; narcolepsy; status post gastric bypass surgery; elevated liver enzymes. The patient was recommended to have a spinal cord stimulator trial. It was noted the patient has not worked since 2007. The patient has been recommended to wean down and off of opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin cream: 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 salicylate page 105; topical analgesics pages 111-113; anti-inflammatory medications Page(s): 105; 111-113; 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain salicylate topicals.

Decision rationale: The prescription for Terocin cream is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is no Orthopedic clinical documentation submitted to demonstrate the use of the topical creams for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical NSAID medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. The request for Terocin cream is not medically necessary for the treatment of the patient for the diagnosis of chronic back pain. The patient is 8 years DOI and has exceeded the time period recommended for topical treatment. There are alternatives available OTC for the prescribed topical analgesics. The use of the topical creams does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of creams on areas that are not precise. The volume applied and the times per day that the creams are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of creams to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The prescription for Terocin cream is not medically necessary for the treatment of the patient's pain complaints. The prescription of Terocin cream is not recommended by the CA MTUS and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate - noting the specific comment that "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription for the treatment of chronic pain. There is no documented medical necessity for the prescribed Terocin cream for the effects of the industrial injury.