

Case Number:	CM14-0068035		
Date Assigned:	07/11/2014	Date of Injury:	08/21/2012
Decision Date:	09/22/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/12/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 38 year old female injured on 08/21/12 as a result of cumulative trauma to the bilateral hand and neck. The injured worker reported initial numbness in the digits of the upper extremities, right greater than left, progressing to significant pain with subsequent diagnosis of carpal tunnel syndrome. The injured worker underwent carpal tunnel surgery to the right hand on 05/13 with reported increase in pain post-operatively. The injured worker reported sensitivity to light touch, temperature differences in the right hand, decreased strength, decreased ability for range of motion of fingers and wrist, numbness and pain over the lower aspect from surgical site. The injured worker utilized Vicodin with minimal benefit. Clinical note dated 03/31/14 revealed the injured worker reporting pain rated 5/10 with associated numbness and weakness. Physical examination revealed palpable twitch and positive trigger points in the muscles of the head and neck, pain when neck flexed anteriorly, pain with extension of cervical spine, motor strength grossly normal except wrist extension 3/5, wrist flexion 3/5, grip strength decreased 4/5, sensation grossly intact, and deep tendon reflexes intact throughout. Diagnoses included CRPS type 1 upper extremities and carpal tunnel syndrome. Treatment plan included physical therapy, Gabapentin titration schedule, Terocin, and urine drug screen. The initial request for Terocin 4% patches #30 was non-certified on 04/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 4% patches #30: Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. This compound is noted to contain Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. There is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for Terocin 4% patches #30 cannot be recommended as medically necessary.