

Case Number:	CM14-0068515		
Date Assigned:	07/14/2014	Date of Injury:	06/01/2008
Decision Date:	09/23/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/13/2014

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, Rehabilitation and 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 61-year-old female who reported an injury on 06/01/2008 due to an unknown mechanism of injury. The injured worker's treatment history included failed back syndrome, a spinal cord stimulator, and psychological support. The injured worker's chronic pain was managed with multiple medications. The injured worker's diagnoses included bilateral carpal tunnel syndrome, compensable left arm complex regional pain syndrome, and compensable complex regional pain syndrome of the cervical/thoracic region. The injured worker was evaluated on 03/19/2014. The injured worker's medications included Opana Extended Release 20 mg every 12 hours, Cymbalta 90 mg daily, Lyrica 100 mg twice a day, and Duragesic patches 25 mcg/hour. It was noted that the injured worker's pain levels were rated at an 8/10 to 10/10 daily. Physical findings included hypersensitivity to touch of the left hand with redness in the ulnar aspect of the palmar surface and decreased range of motion of the fingers. It was noted that the injured worker's psychological testing was a 13/30 indicated mild depression. It was documented that the injured worker's cervical spine had limited range of motion secondary to pain. The injured worker's treatment plan included continued use of Duragesic patches while the injured worker is unable to take Cymbalta, Lyrica, and Opana. It was noted that the injured worker did not wish to increase her Duragesic patch usage; therefore, Terocin patches were provided to reduce pain and assist the injured worker with not increasing her Duragesic patch use. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches QTY:3 boxes: 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.

Decision rationale: The requested Terocin patches QTY:3 boxes is not medically necessary or appropriate. The requested medication is a compounded topical analgesic that contains methyl salicylate 20%, menthol 10%, capsaicin 0.25%, and 2.5% of lidocaine. California Medical Treatment Utilization Schedule does recommend the use of methyl salicylate and menthol as topical analgesics to assist with osteoarthritic pain. California Medical Treatment Utilization Schedule does support the use of capsaicin when all other first line treatments and medications have been exhausted to address pain complaints related to complex regional pain syndrome. California Medical Treatment Utilization Schedule supports the use of topical lidocaine when the patient has failed to respond to a trial of oral anticonvulsants. It is noted within the documentation that the injured worker's medications, to include Cymbalta, Lyrica, and Opana, have been put on hold. There is no discussion within the documentation of why the injured worker is unable to take her prescribed medications. There is no documentation that the injured worker has failed to respond to these medications and discontinuation is being recommended as part of the injured worker's treatment plan. In the absence of this information, the use of topical capsaicin and lidocaine would not be supported. Furthermore, the request as it is submitted does not provide a dosage, frequency, or applicable body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Terocin patches QTY:3 boxes is not medically necessary or appropriate.