

Case Number:	CM14-0188163		
Date Assigned:	11/18/2014	Date of Injury:	06/21/2004
Decision Date:	01/07/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal Medicine, has a subspecialty in Hospice & Palliative Medicine (HPM) and is licensed to practice in Pennsylvania. 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 53-year-old woman with a date of injury of 06/21/2004. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 08/08/2014, 09/09/2014, and 10/09/2014 indicated the worker was experiencing left arm tingling, left leg tingling, a painful mass in the right hand, left hand tingling, right arm weakness, and problems sleeping. Documented examinations described a right hand mass suspicious for a ganglion cyst, tenderness along the right shoulder rotator cuff, tenderness in the upper and lower back areas, and tender at the base of the right thumb. The submitted and reviewed documentation concluded the worker was suffering from cervical disk disease with facet inflammation and associated with headaches, lumbar disk disease with a radicular component, shoulder impingement syndrome involving both sides, carpal tunnel syndrome involving both wrists, inflammation of the joint at the base of the right thumb, depression, and insomnia. Treatment recommendations included oral and topical pain medications, repeat arm and leg nerve studies, psychiatry evaluation, continued psychotherapy, neck traction with an air bladder, medications injected into the left shoulder using fluoroscopy, removal of the right hand mass with surgery, activity modification, consultation with a pain management specialist, and follow up care. A Utilization Review decision was rendered on 10/24/2014 recommending non-certification for twenty Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches QTY#20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines- topical analgesics

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

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested compound contains the medications 4% lidocaine, an anesthetic, and 4% menthol, a pain reliever. The MTUS Guidelines recommend topical lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. Topical menthol is not recommended by the MTUS Guidelines. The submitted and reviewed documentation indicated the worker was experiencing left arm tingling, left leg tingling, a painful mass in the right hand, left hand tingling, right arm weakness, and problems sleeping. There was no discussion reporting extenuating circumstances to sufficiently support the use of Terocin patches in this setting. In the absence of such evidence, the current request for twenty Terocin patches is not medically necessary.