

Case Number:	CM14-0193194		
Date Assigned:	11/26/2014	Date of Injury:	09/29/2010
Decision Date:	01/13/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/18/2014

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 Ohio. 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 with a cumulative trauma injury dating between September 29, 2010 and November 19, 2010. She complains primarily of right shoulder pain and right hand pain, numbness, and weakness. In 2013 she had subacromial decompression and resection of the distal clavicle the right shoulder. Electrodiagnostic studies of the right upper extremity revealed severe median nerve entrapment at the right wrist and a moderate ulnar nerve entrapment at the wrist. Her other diagnoses include cervical disc derangement, cervical radiculitis, right shoulder impingement syndrome and adhesive capsulitis, lumbar sacral sprain, and right sided carpal tunnel syndrome. The physical exam reveals diminished right shoulder range of motion with several positive impingement signs. The right wrist reveals a positive Tinel's and Phalen's sign, diminished sensation over the median and ulnar nerve regions, a positive Finkelstein's test, and tenderness over the volar aspect of the wrist. She had been treated with Gabapentin 300 mg 3 times daily and Norco up to 20 mg daily with inadequate relief of her pain. Terocin patches were prescribed in addition on July 31, 2014. Ultimately on October 28, 2014 she underwent a right sided carpal tunnel release and a release of the 1st dorsal compartment. Post-operatively, she is said to be making satisfactory progress and was scheduled to begin occupational therapy. At issue is request to refill Terocin patches, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #30 with 1 refill: Overturned

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): 111-113.

Decision rationale: Terocin patches are a formulation containing Lidocaine and Menthol. Topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this instance, the injured worker clearly has substantial, localized, peripheral nerve pain and had failed the anti-epilepsy drug Gabapentin. Therefore, Terocin Patches#30 1 refill are medically necessary.