

Case Number:	CM14-0195965		
Date Assigned:	12/03/2014	Date of Injury:	01/22/2008
Decision Date:	01/21/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/21/2014

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 Rehab, has a subspecialty in Pain Management 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 patient is a 51-year-old female with an injury date of 01/22/2008. According to the 08/25/2014 progress report, the patient continues to have bilateral forearm pain. She has tenderness to palpation over her extensor carpi radialis longus muscle in her forearm bilaterally. The 10/03/2014 report indicates that the patient continues to have bilateral forearm pain. No further positive exam findings were provided. The 10/17/2014 report states that the patient is still having bilateral forearm pain which she rates as a 4/10. No additional exam findings were provided. The patient's diagnoses include the following:-Bilateral pain in joint, wrist.- Myofascial pain. The utilization review determination being challenged is dated 10/27/2014. Treatment reports were provided from 12/27/2013 - 10/17/2014 (reports were brief).

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin cream 120ml: 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 Lidocaine Page(s): 112.

Decision rationale: According to the 10/17/2014 progress report, the patient presents with pain in her bilateral forearms. The request is for Terocin cream 120 ml. The patient has been using Terocin cream as early as 10/03/2014. Terocin cream is considered a topical analgesic and contains Methyl Salicylate, Capsaicin, Lidocaine, and Menthol. MTUS Guidelines page 112 on topical Lidocaine states, "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants 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 use off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain." MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." For Salicylate, a topical NSAID, MTUS does allow it for peripheral joint arthritis/tendinitis problems. However, the patient does not present with peripheral joint problems to warrant a compound product with Salicylate. Furthermore, the MTUS Guidelines do not allow any other formulation of Lidocaine other than in patch form. In this case, guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Neither Lidocaine nor Salicylate is indicated for this patient. Therefore, the requested Terocin cream is not medically necessary.