

Case Number:	CM14-0197493		
Date Assigned:	12/05/2014	Date of Injury:	01/11/2013
Decision Date:	02/24/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 29-year-old man who sustained a work-related injury on January 11, 2013. Subsequently, he developed upper back and thoracic pain. Prior treatments included: 24 sessions of physical therapy, 15 sessions of chiropractic treatment, medications, and 11 sessions of acupuncture. According to the progress report dated September 5, 2014, the patient complained of upper back, left sided rib cage, and chest pain, as well as depression. Inspection of the left shoulder revealed tenderness over the shoulder's joint. Hawkin's sign was positive. O'Brien's test was positive for pain within the shoulder joint. Other neurological examination was not provided. A CT scan of the chest obtained on April 17, 2013 was described as unremarkable. MRI/arthrogram of the left shoulder obtained on May 23, 2014 revealed findings consistent with tendinosis of the supraspinatous tendon. The patient was diagnosed with thoracic spine sprain/strain, chest contrusion, left lung status post atelectasis, status post traumatic chest pain, sprain/strain with underlying rotator cuff tendinitis and bicipital tenosynovitis, and depression and anxiety. The provider requested authorization for Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches (Lidocaine, Menthol): Upheld

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

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

Decision rationale: Terocin patches are formed by the combination of Lidocaine and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Terocin patch contains Lidocaine a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above Terocin patches is not medically necessary.