

Case Number:	CM15-0102845		
Date Assigned:	06/05/2015	Date of Injury:	05/26/2009
Decision Date:	07/03/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/28/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 45 year old female, who sustained an industrial injury on May 26, 2009. She reported after lifting several heavy boxes she developed pain in her right elbow, with pain in her knee from kneeling on the floor. The injured worker was diagnosed as having left knee sprain, right lateral epicondylitis, right medial epicondylitis, right wrist sprain, left wrist sprain, right forearm extensors tendinitis, bilateral severe carpal tunnel syndrome, status post right wrist carpal tunnel release, and status post left carpal tunnel release. Treatment to date has included bracing, physical therapy, acupuncture, electro diagnostic studies, and medication. Currently, the injured worker complains of wrist pain with numbness bilaterally with repetitive use of hands and wrists. The Primary Treating Physician's report dated January 28, 2015, noted the injured worker reported her current medication allowed her to reduce symptoms and be functional while accomplishing her activities of daily living (ADLs). Physical examination was noted to show exquisite tenderness at the lateral epicondyle with positive Finkelstein test of the right elbow. The left wrist was noted to have tenderness and restricted flexion and extension, with evidence of carpal tunnel syndrome. The left knee was noted to have slight tenderness at the medial joint line with slight crepitus and slight lateral malalignment. The treatment plan was noted to include continued Tramadol and Terocin cream for local application, with continued gripping and grasping exercises, and need for forearm support to aid the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin cream (compound medication) 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 105, 111-113.

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.