

Case Number:	CM15-0106187		
Date Assigned:	06/10/2015	Date of Injury:	07/22/2014
Decision Date:	07/15/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/02/2015

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: Texas, California
 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:

This is a 34 year old female patient, who sustained an industrial injury on July 22, 2014. She reported developing a headache in combination with an aching in her neck with radiation of symptoms through her right arm after repositioning efforts of two labor delivery patients while working as a Labor and Delivery Nurse. The diagnoses include cervical sprain/strain, right impingement syndrome, and right carpal tunnel syndrome. Per the doctor's note dated 5/1/2015, she had complains of neck pain, right shoulder pain, right elbow pain, and right hand pain. Her condition was not showing improvement, with the current medications listed as Norco and Motrin. She has had electromyography (EMG)/nerve conduction velocity (NCV) dated 4/16/2015 which revealed mild carpal tunnel syndrome; the cervical spine MRI from September 2014 which revealed show minimal degenerative disc disease in the midcervical spine without stenosis; X-rays and CT scan. She has had activity modification, 20 sessions of chiropractic treatments, TENS, bracing and physical therapy. Acupuncture was noted to have been previously authorized and was to be scheduled shortly. The treatment plan was noted to include a refill of the Terocin patches with 30 patches provided at the office, continued TENS unit use, and a request for authorization for an open MRI for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Terocin Patches: 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 Analgesics, pages 111-113.

Decision rationale: 30 Terocin Patches: Terocin patch contains Menthol and Lidocaine. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is 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. 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. Lidocaine Indication: Neuropathic pain 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). Non-neuropathic pain: Not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants is not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence to support the use of menthol in combination with other topical agents. The medical necessity of 30 Terocin Patches is not medically necessary and not fully established for this patient.