

Case Number:	CM15-0107198		
Date Assigned:	06/11/2015	Date of Injury:	01/11/2011
Decision Date:	07/13/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/03/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female injured worker suffered an industrial injury on 01/11/2011. The diagnoses included cervical fusion with radiculopathy, headaches, bilateral carpal tunnel syndrome, DeQuervain's tenosynovitis and right shoulder pain with possible adhesive capsulitis. The injured worker had been treated with medications on 3/2/2015 the treating provider reported constant right shoulder pain and increase in chronic neck pain with tingling to her upper back. The neck pain radiated into the right arm and left arm with numbness. She feels debilitated as she had numbness to all digits of the right and left hand pain rated as 4 to 5/10. She was trailing TENS and it was effective in reducing her pain by 20%. The medications bring the pain down from 7/10 to a 2 to 3/10. On exam, there was mild tenderness to the left cervical muscle and left upper back along with moderate tenderness to the right cervical muscles with limited range of motion. The right shoulder had positive impingement signs. There were spasms and tightness noted in the right hand and forearm with diminished sensations to the right hand. The treatment plan included Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Terocin patches with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: The provider has not submitted any new information to support for topical compound analgesic Terocin that was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswellia serrata and topical Lidocaine are specifically not recommended per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additionally, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury nor is there any report of acute flare-up, new red-flag conditions, or intolerance to oral medications. The 30 Terocin patches with 1 refill is not medically necessary or appropriate.