

Case Number:	CM15-0019288		
Date Assigned:	02/09/2015	Date of Injury:	01/23/2008
Decision Date:	04/03/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/03/2015

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, Arizona
 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 injured worker is a 67-year-old female who reported a continuous trauma injury on 01/23/2008. The mechanism of injury was not included. Her diagnoses included bilateral lateral and medial epicondylitis, bilateral de Quervain's syndrome, bilateral carpal tunnel syndrome, herniated nucleus pulposus of the cervical spine. Her current medications included Cymbalta, Percocet, Terocin patches. Her surgical history included left elbow ulnar nerve release on 09/09/2014, left carpal tunnel release and de Quervain's release on 02/22/2011, basal joint debridement of the left wrist on 11/29/2011, right wrist carpal tunnel release and de Quervain's release on 06/14/2011, CMC debridement on 07/31/2012. The progress report of 01/19/2015 documented decreased swelling with the use of Celebrex in the left elbow. Pain has improved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch Qty. 10 (6 Boxes): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Terocin Patch Qty. 10 (6 Boxes) is not medically necessary. The California MTUS guidelines state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. 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). 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 used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. The request does not include dosing instructions or placement instructions. As the guidelines state that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. There is a lack of documentation regarding efficacy of the Terocin patch. The request for Terocin patch Qty. 10 (6 boxes) is not medically necessary.