

Case Number:	CM15-0133143		
Date Assigned:	07/21/2015	Date of Injury:	02/20/2012
Decision Date:	10/13/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/09/2015

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, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 45 year old female, who sustained an industrial injury on February 20, 2012, incurring left hand, forearm and elbow injuries from repetitive motions. She was noted to have had a mild carpal tunnel syndrome in a separate injury in 2001. She was diagnosed with left shoulder impingement syndrome, bicipital tenosynovitis and bilateral carpal tunnel syndrome. Treatment included anti-inflammatory drugs, steroid injections, physical therapy, and activity restrictions. She complained of bilateral hand tenderness with mildly positive Tinel's and Phalen's signs. Electromyography and Nerve Conduction Velocity studies revealed bilateral carpal tunnel syndrome. Currently, the injured worker complained of constant pain in the left shoulder with pain radiating to the left side of her neck. She had bilateral wrist and hand pain radiating through her forearms into the biceps. She noted swelling, numbness and tingling in her wrists, hands and fingers with weakness and cramping in both hands aggravated with gripping, grasping and holding objects. The treatment plan that was requested for authorization on July 9, 2015, included a prescription for Terocin retrospectively given on January 3, 2013. On June 12, 2015, a request for a prescription of Terocin was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS: 1.3.13) Methyl Salicylate (New Terocin) 120ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals.

Decision rationale: This claimant was injured in 2012, with left hand, forearm and elbow injuries reportedly from repetitive motion. She was also noted to have had a mild carpal tunnel syndrome in a separate injury prior to this one, in 2001. Other diagnoses noted were left shoulder impingement syndrome, bicipital tenosynovitis and bilateral carpal tunnel syndrome. She had bilateral wrist and hand pain radiating through her forearms into the biceps. The request is for a topical methyl salicylate. Although the MTUS notes topical salicylates (e.g., Ben-Gay, methyl salicylate) are significantly better than placebo in chronic pain, it is not clear why oral non-steroidal medicine, or over the counter topical or salicylates would not be sufficient if the goal is to deliver an NSAID to the tissues. In addition, the effect or benefit of such agents for nerve entrapment symptoms, which appears to be the predominating clinical syndrome in this case, is not studied. The request is not medically necessary.