

Case Number:	CM15-0149810		
Date Assigned:	08/13/2015	Date of Injury:	05/21/2013
Decision Date:	09/10/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/03/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 50 year old male, who sustained an industrial injury on May 21, 2013. He reported face, head, and left shoulder injuries. The injured worker was diagnosed as having a head injury, multiple trauma and left cervical radiculopathy. Diagnostic studies to date having included: MRIs, CT myelogram, x-rays, and electrodiagnostic studies. On May 22, 2013, he underwent debridement of a left forehead open avulsion wound with supratrochlear flap coverage of the defect. Treatment to date has included physical therapy, work modifications, cervical pillow, a cervical collar, and medications including topical analgesics, opioid analgesic, muscle relaxant, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include March 9, 2001 and May 21, 2012 to May 21, 2013. Comorbid diagnoses included history of hypertension. On December 19, 2014, the injured worker reported continued pain of the left neck and down the left upper extremity. He reported shooting pains from the left lower neck area radiating up to the skull. He also reported left shoulder and subacromial arch and acromioclavicular joint. He could not lie on his left shoulder due to pain of the left upper extremity and a feeling of increased weakness of the left upper extremity. The physical exam revealed no change in the neck range of motion, moderate spasm at the left lower trapezius, levator scapulae and rhomboid musculature. There was continued left cervical radiculopathy as before, mild bicipital tendinitis, and unchanged decreased right shoulder range of motion with pain in the subacromial arch and around the acromioclavicular joint. His right hand maximum grip strength of the right hand = 24 kg and left hand = 14 kg. There was

paresthesia in the ulnar two digits of the left hand and left tardy ulnar nerve palsy. Requested treatments include Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly supply of Terocin patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-114.

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

Decision rationale: Terocin patch is formed by the combination of Lidocaine and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Terocin patch contains Lidocaine a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, the request for Monthly supply of Terocin patches is not medically necessary.