

Case Number:	CM15-0167938		
Date Assigned:	09/08/2015	Date of Injury:	12/30/2013
Decision Date:	10/09/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/26/2015

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 injured worker is a 46-year-old male, who sustained an industrial injury on December 30, 2013. The injured worker reported an injury to her left hand, elbow and wrist. She was diagnosed with mechanical fall, possible left scaphoid fracture, and possible left radial head fracture. Treatment to date has included diagnostic imaging, EMG-NCV of the left upper extremity, modified work duties, orthotics, ice therapy, opioid medications, physical therapy, and NSAIDS. Currently, the injured worker complains of low back pain, left hand pain, left wrist pain and left elbow pain. She describes her back pain as constant aching and sharp pain. She reports that her back pain is moderate to severe in intensity and she has no radiation of pain. Her left shoulder and arm pain is described as constant, aching, dull and burning pain with a moderate to severe intensity. She has profound limitations in the left shoulder and arm and reports associated popping. Her left elbow and forearm pain is described as frequent sharp, burning pain with a mild to moderate intensity. Her pain is aggravated by bending the elbow. She describes that her left hand and wrist pain as constant dull, sharp and aching pain with a moderate to severe intensity. Her current medications include naproxen, cyclobenzaprine, Ultracet and Prilosec. An MRI of the cervical spine on February 10, 2015 reveals mild degenerative changes of the cervical spine; C3-4 right sided facet arthrosis with moderate foraminal stenosis and C5-6 right uncovertebral hypertrophy causing mild right foraminal stenosis. An x-ray of the left shoulder on February 7, 2015 revealed mild subacromial - subdeltoid bursitis and a small glenohumeral joint effusion of the left elbow. The diagnoses associated with the request include lumbar herniated nucleus pulposus without myelopathy, lumbosacral sprain-strain, left lateral epicondylitis, medial epicondylitis, wrist sprain-strain, shoulder sprain-strain and cervical sprain-strain. The treatment plan includes Terocin patch, acupuncture therapy referral, continued Anaprox, Prilosec, Ultracet

and Flexeril and wrist splint support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Pain Patches #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation website, <http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugindo.cfm?archiveid=41055> and on the Non-MTUS drug.com.

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

Decision rationale: The patient presents on 08/03/15 with lower back pain, and pain in the left wrist, hand, and elbow. The patient's date of injury is 12/30/13. Patient has no documented surgical history directed at these complaints. The request is for Terocin Pain Patches #30 with 1 refill. The RFA is dated 08/18/15. Progress note dated 08/03/15 does not include any physical examination findings. The patient is currently prescribed Naproxen, Flexeril, Ultracet, and Prilosec. Patient is currently not working. Terocin patches contain a mixture of Lidocaine and Menthol. The MTUS Topical Analgesics section, page 112 has the following under Lidocaine Indication: "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. MTUS Topical Analgesics section, page 111 also states: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to the request for Terocin patches, this medication is not supported for this patient's chief complaint. This patient presents with lower back pain and pain in the left wrist, hand, and elbow secondary to fall-injury, not a localized neuropathic pain amenable to topical Lidocaine. While topical NSAIDS are considered appropriate for peripheral complaints, the provider does not specify where these patches are to be applied, stating only "apply to affected area." Such patches are only supported for a localized peripheral neuropathic pain, without evidence that this patch is being utilized for such a complaint, the request cannot be substantiated. Therefore, the request is not medically necessary.