

Case Number:	CM15-0184207		
Date Assigned:	09/24/2015	Date of Injury:	09/20/2014
Decision Date:	11/06/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/18/2015

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, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43 year old female patient who sustained an industrial injury on September 20, 2014. She sustained the injury while carrying a large pot of boiling stew, some of it spilled on the tile floor and she slipped and fell. The diagnoses include status post facial burn with residual dermatitis; cervical musculoligamentous strain and sprain with radiculitis; rule out cervical spine discogenic disease; thoracic musculoligamentous strain and sprain; lumbosacral musculoligamentous strain and sprain with radiculitis; rule out lumbosacral spine discogenic disease; right shoulder strain and sprain and right shoulder tendinosis. Per the first report of illness document dated August 12, 2015, she had complaint of face, neck, back, and right shoulder pain. The physical examination revealed face swelling, redness and scar over the left side with left sided ptosis, tenderness, spasm and decreased range of motion of the cervical, thoracic and lumbar spine, positive straight leg raising test at 45 degrees on the right side, right shoulder- tenderness, decreased range of motion, positive supraspinatus test, Neer's test and Codman's test, 4/5 strength in the right shoulder and bilateral lower extremities. The following were prescribed this visit: Motrin, Terocin patches, a transcutaneous nerve stimulator unit, and lumbosacral brace. The details regarding previous medications tried and their response is not specified in the records provided. The following were recommended: physical therapy evaluation and treatment for the cervical spine, thoracic spine, lumbar spine and right shoulder. On August 12, 2015, a request was made for Terocin patches and a transcutaneous nerve stimulator unit, which were noted denied due to the supporting documentation showed no evidence of a trial of first line treatments for neuropathic pain and the only recommended approved topical application of Lidocaine is a dermal patch. Utilization Review assessed the case on August 28, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Menthol.

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

Decision rationale: Terocin patch #30 Terocin patch contains Menthol and Lidocaine. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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). Non-neuropathic pain: Not recommended." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of an antidepressant and an anticonvulsant is not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence to support the use of menthol in combination with other topical agents. The medical necessity of Terocin patch #30 is not fully established for this patient.

Transcutaneous electrical nerve stimulation (TENS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) unit. According to the cited guidelines, TENS is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide

information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." Per the MTUS chronic pain guidelines, there is no high-grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of Transcutaneous electrical nerve stimulation (TENS) unit is not established for this patient.