

Case Number:	CM15-0190526		
Date Assigned:	10/02/2015	Date of Injury:	11/01/2013
Decision Date:	11/16/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/28/2015

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 42 year old male, who sustained an industrial injury on 11-1-13. Current diagnoses or physician impression include cervical spine disc protrusion, cervical disc degeneration, tenosynovitis-tendinosis (right), left knee sprain, tenosynovitis bilateral ankles. His work status is temporary total disability. Notes dated 7-28-15 and 8-26-15 reveals the injured worker presented with complaints of constant to intermittent moderate and occasionally severe neck and bilateral wrist pain (right greater than left). The neck pain occasionally radiates down his right arm to this hand with numbness and tingling. He reports stiffness, popping and clicking with neck movement. He reports cramping in all of his fingers and bilateral hand numbness and tingling (right greater than left) with weakness. He reports intermittent moderate and occasionally severe left knee pain with popping, clicking, locking, giving way and occasional swelling. He reports constant left ankle and foot pain rated at 8 out of 10. He also reports sleep disturbance due to the pain. A physical examination dated 7-28-15 and 8-26-15 revealed computerized testing for cervical spine and bilateral ankle range of motion, wrist, knee and foot muscle testing. Treatment to date has included ankle brace, cortisone injection (left ankle), which was beneficial for 2 days (per note dated 7-28-15), medications, ORIF (open reduction internal fixation) left shoulder, home exercise and chiropractic care. Diagnostic studies to date have included MRIs (left knee and cervical spine) and x-rays. A request for authorization dated 8-25-15 for Terocin lotion 120 ml #1 (retrospective) is denied, per Utilization Review letter dated 9-3-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective terocin lotion 120ml, #1: 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): Topical Analgesics.

Decision rationale: Based on the 7/28/15 progress report provided by the treating physician, this patient presents with constant neck pain occasionally radiating to the right arm/hand with numbness/tingling, with stiffness of neck and popping/clicking with movement, constant bilateral wrist pain, right > left with cramping of all fingers and numbness/tingling/weakness, intermittent left knee pain with popping/clicking/locking/giving way, and occasional swelling, and left ankle pain with occasional giving way, with pain rated 8/10 on VAS scale. The treater has asked for retrospective terocin lotion 120ML, #1 on 7/28/15. The request for authorization was not included in provided reports. The patient is s/p cortisone injection to the left ankle on last office visit, which lessened pain for 2 days per 7/28/15 report. The patient reports occasional giving way of his left ankle, and occasional pain on left heel per 7/28/15 report. The patient takes Ultram daily, but feels it is too strong and wants to change medications per 6/16/15 report. The patient's work status is permanent and stationary and MMI is pending per 3/12/15 report. MTUS, Topical Analgesics section, page 111 has the following: 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Treater does not specifically discuss this medication.

Prescription history shows Terocin cream was prescribed in 6/16/15 report as well. This medication's active ingredients include Lidocaine 4% and Menthol 1%. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS guidelines. Therefore, the request is not medically necessary.