

Case Number:	CM15-0201222		
Date Assigned:	10/16/2015	Date of Injury:	12/22/2010
Decision Date:	11/30/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/13/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 40 year old female who sustained an industrial injury on 12-22-2010. A review of the medical records indicated that the injured worker is undergoing treatment for lateral epicondylitis, right wrist sprain and right tenosynovitis. The injured worker is status post right wrist surgery in 02-2013, right elbow and cubital surgery in 08-2013 and left elbow and wrist surgery in 05-2013. According to the treating physician's progress report on 09-22-2015, the injured worker continues to experience right elbow swelling and pain radiating into the right middle finger and upward to the shoulder with a decreased grip. The injured worker reported left elbow pain and swelling without radiating symptoms. Examination demonstrated tenderness to palpation over the right medial and lateral epicondyles. Range of motion of the elbow was symmetric, normal and without pain. There was 20 degrees valgus at both elbows. Wrist range of motion was normal with pain, right more painful than left, with end range flexion and extension and to a lesser degree with ulnar deviation. There was noted tenderness over the right De Quervain's regions, healed scars bilaterally with np allodynia or Tinel's over the scars. Finklestein's test was equivocal bilaterally. There was pain with gripping. The injured worker received trigger point injections into right forearm proximal extensor and flexor muscles at the office visit with significant effect on pain level. Prior treatments have included diagnostic testing, acupuncture therapy, psychiatric evaluation, pain counseling, trigger point injection, steroid injections, tennis elbow brace and medications. The injured worker does not tolerate non-steroidal anti-inflammatory drugs (NSAIDs) due to stomach issues in the past. Current medication was Bupropion. Treatment plan consists of considering a trial of Cymbalta or Gralise

and topical anti-inflammatory and antispasmodic gels, myofascial therapy, behavioral coping skills, hand therapy and the current request for Terocin Patch 4%, apply 1 patch to affected area, 12 hours on 12 hour off, #30 with no refills. On 10-07-2015 the Utilization Review determined the request for Terocin Patch 4%, #30 with no refills was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch 4%, apply 1 patch to affected area, 12 hours on 12 hour off, #30 with no refills: Upheld

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

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

Decision rationale: Terocin is composed of methyl salicylate, capsaicin, menthol and lidocaine hydrochloride. Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 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. In this case, the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.