

Case Number:	CM15-0205684		
Date Assigned:	10/22/2015	Date of Injury:	08/04/2010
Decision Date:	12/04/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/19/2015

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: Preventive Medicine, Occupational 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 53 year old male, who sustained an industrial injury on 8-4-10. The injured worker was being treated for chronic cervical pain syndrome with degenerative disc disease at multiple levels, status post right elbow arthroscopic bilateral epicondylar surgery and ulnar nerve surgery, status post right wrist carpal tunnel release, chronic restricted motion and muscle spasm in lumbar spine and status post lumbar spondylolisthesis. On 3-16-15 and 6-26-15, the injured worker was seen for cervical and low back problems and notes he had a consultation for cervical spine. He notes pain is 9 out of 10 with medications and 10 out of 10 without medications (however the physician also states a 50% reduction in pain with medications). Physical exam performed on 3-16-15 and 6-26-15 revealed a claw like deformity and contracture of upper extremity which is intermittent; numbness and tingling that shoots in cervical spine at upper extremities, atrophy of cervical musculature and deltoid musculature in upper extremities; well healed surgical scar in lumbar spine with radiculopathy in dermatomal distribution, restricted range of motion of lumbar spine and tenderness and guarding to palpation with myofascial pain noted. Treatment to date has included right elbow arthroscopic surgery, ulnar nerve surgery, right wrist carpal tunnel release; oral medications including Meloxicam, Fenoprofen, Omeprazole, Gabapentin and Hydrocodone; topical Terocin patches; and activity modifications. On 6-26-15 request for authorization was submitted for Terocin patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin patches #30 (6/26/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

Decision rationale: Per manufacturer's information, Terocin Patch is a combination topical analgesic with active ingredients that include menthol 4% and lidocaine 4%. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The MTUS Guidelines recommend the use of topical lidocaine primarily for peripheral neuropathic pain when trials of antidepressant and anticonvulsants have failed. It is not recommended for non-neuropathic or muscular pain. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. Terocin is not a first-line treatment and there is no indication that the injured worker has attempted and failed with the use of antidepressants. The request for retrospective Terocin patches #30 (6/26/15) is not medically necessary.