

Case Number:	CM15-0207793		
Date Assigned:	10/27/2015	Date of Injury:	12/22/2010
Decision Date:	12/10/2015	UR Denial Date:	10/17/2015
Priority:	Standard	Application Received:	10/22/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 40 year old female, who sustained an industrial injury on 12-22-2010. The injured worker is currently permanent and stationary and able to resume-continue usual and customary work. Medical records indicated that the injured worker is undergoing treatment for lateral epicondylitis, synovitis and tenosynovitis, and wrist sprain. Treatment and diagnostics to date has included physical therapy, trigger point injection, and medications. Recent medications have included Bupropion and Terocin patches. Subjective data (10-05-2015), included "increased" pain in left elbow and right elbow into the right middle finger rated 6 out of 10 on the pain scale. Objective findings on 10-05-2015) noted "unchanged from the previous visit". The treating physician noted the Terocin patch is being used for both the elbow and wrist with "moderate effect". The request for authorization dated 10-05-2015 requested myofascial therapy, pain management counseling, and Terocin patch 4%, apply 1 patch to affected area for 12 hours, 12 hours off, #30. The Utilization Review with a decision date of 10-15-2015 non-certified the request for Terocin patch 4%, apply 1 patch to affected area, 12 hours on, 12 hours off, #30.

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-hours off, #30: 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 based on Non-MTUS Citation Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for Pain Interventions and Guidelines, UpToDate: Camphor and menthol: Drug information.

Decision rationale: Terocin is a topical multidrug compound, which contains methylsalicylate, Lidocaine, capsaicin, and menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methylsalicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. Menthol is a topical skin product that is available over the counter and is used for the relief of dry itchy skin. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be medically necessary.