

Case Number:	CM15-0208721		
Date Assigned:	10/27/2015	Date of Injury:	03/31/2014
Decision Date:	12/08/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/23/2015

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 38 year old female, who sustained an industrial injury on 03-31-2014. She has reported injury to the neck, bilateral upper extremities, and upper back. The diagnoses have included right carpal tunnel syndrome; right de Quervain's syndrome; left carpal tunnel syndrome; left de Quervain's syndrome; lumbar sprain-stain; and degeneration of lumbar intervertebral disc with myelopathy. Treatment to date has included medications, diagnostics, activity modification, acupuncture, and physiotherapy. Medications have included Tramadol, Anaprox DS, Cyclobenzaprine, Prilosec, and compounded topical creams. A progress report from the treating provider, dated 09-14-2015, documented an evaluation with the injured worker. The injured worker reported intermittent, achy, and sharp low back pain, rated at 7 out of 10 in intensity; constant achy, sharp, numbness, and tingling right wrist pain, rated at 8 out of 10 in intensity; constant achy, sharp, numbness, and tingling left wrist pain, rated at 8 out of 10 in intensity; and loss of sleep due to pain. Objective findings included decreased ranges of motion of the lumbar spine, right wrist, and left wrist; and Phalen's test causes pain bilaterally. The treatment plan has included the request for Terocin patch quantity: 30.00. The original utilization review, dated 09-28-2015, non-certified the request for Terocin patch quantity: 30.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch Qty: 30.00: 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: The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswellia serrata and topical Lidocaine are specifically not recommended per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additionally, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic March 2014 injury nor is there any report of acute flare-up, new red-flag conditions, or intolerance to oral medications as the patient continues to be prescribed oral meds. The Terocin patch Qty: 30.00 is not medically necessary and appropriate.