

Case Number:	CM15-0216926		
Date Assigned:	11/06/2015	Date of Injury:	12/06/2013
Decision Date:	12/18/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 28 year old male sustained an industrial injury on 12-6-13. Documentation indicated that the injured worker was receiving treatment for left wrist sprain and strain, lateral epicondylitis and forearm tendonitis. Previous treatment included physical therapy, injections and medications. In a functional restoration program initial evaluation dated 8-19-15, the injured worker's current medications were documented as Norco, Naproxen Sodium and Omeprazole. In a PR-2 dated 9-22-15, the injured worker complained of left wrist pain, rated 7 out of 10 on the visual analog scale with radiation to the neck, left shoulder, left arm and left wrist, associated with numbness, pins and needles and weakness. The injured worker stated that he felt his current medications were not providing adequate pain control and wanted to increase the dose of medications. The injured worker stated that he had last taken Norco and Naproxen Sodium four days ago. Side effects of medications included constipation, dizziness, nausea and vomiting. The physician noted that the injured worker continued to have "moderately severe" left upper extremity pain with some symptoms of sympathetic pain including allodynia and dysesthesia in the left hand. The treatment plan included a prescription for Lyrica and refilling medications (Norco, Naproxen Sodium, Omeprazole and Terocin patch), magnetic resonance imaging cervical spine and a functional capacity evaluation. On 10-2-15, Utilization Review noncertified a request for Terocin patch 4.4% 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 9.22.15 Terocin patch 4-4% #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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant sustained a work injury in December 2013 when he had left wrist pain while pulling down on a leverage bar. Treatments have included cortisone injections for the left wrist and shoulder. He is not being considered for surgery. He was evaluated for a functional restoration program in August 2015. Current medications were hydrocodone / acetaminophen, naproxen, and omeprazole. He has chronic left upper extremity pain with secondary psychological sequela. When seen, he was having left wrist pain radiating to the neck and arm rated at 7/10. He had some symptoms of sympathetic pain including left hand allodynia and dysesthesia. He was having numbness with pins and needles and weakness. Physical examination findings included left wrist tenderness and pain with range of motion. There was left acromioclavicular joint and biceps tenderness. He had decreased left upper extremity strength with normal sensation. There was left cervical paravertebral muscle and C7 spinous process tenderness. Terocin patches, Norco, naproxen, and omeprazole were prescriptions. Terocin contains methyl salicylate, capsaicin, menthol, and lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with a tricyclic or SNRI anti-depressant or an antiepilepsy drug such as gabapentin or Lyrica. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben- Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability in a non dermal patch formulation that could be considered. First-line therapy agents for neuropathic pain are available. This medication is not medically necessary.