

Case Number:	CM15-0218596		
Date Assigned:	11/10/2015	Date of Injury:	06/14/2011
Decision Date:	12/29/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/06/2015

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:

This is a 60-year-old female with a date of industrial injury 6-14-2011. The medical records indicated the injured worker (IW) was treated for right shoulder sprain and right carpal tunnel syndrome. In the progress notes (9-15-15), the IW reported low back and right shoulder pain rated 10 out of 10; the low back pain radiated to the right ankle and the shoulder pain radiated to the entire right arm. She also had left wrist pain rated 8 out of 10, with associated numbness. Medications included Tylenol #3, Fenoprofen, Prilosec, Flexeril, Tramadol, Cymbalta, Neurontin and a trial of Lidocaine patches (not clear if this is the requested "Terocin patches"; they also contain Menthol); Flurbiprofen cream was also prescribed. On examination (9-15-15 notes), there was bilateral tenderness and spasms of the cervical and trapezius muscles. Motor exam was 4 out of 5 and equal in regards to the right upper extremity. There was also tenderness at the right medial and lateral epicondyles and at the right and left shoulders with trigger points. Sensation was decreased in the right thumb, index and middle finger. Tinel's and Phalen's signs were positive at the right wrist and the right medial elbow. Treatments included epidural steroid injections, physical therapy, rotator cuff repair, carpal tunnel release, chiropractic treatment and home exercise program. The IW was on modified work status. The provider prescribed anti-inflammatory medications and antispasmodics to allow the IW to tolerate a rigid home exercise program for core strengthening. A Request for Authorization was received for Terocin patches #30. The Utilization Review on 10-27-15 non-certified the request for Terocin patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #30: Overturned

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

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

Decision rationale: The patient presents on 10/13/15 with lower back pain which radiates into the right ankle, left shoulder and left upper extremity pain, and right shoulder pain which radiates into the right elbow and hand. The pain is rated 7/10. The patient's date of injury is 06/14/11. The request is for Terocin patches #30. The RFA is dated 10/16/15. Physical examination dated 10/13/15 reveals tenderness to palpation of the cervical paraspinal musculature and trapezius muscles with spasms noted, a ganglion cyst in the left radial wrist, internal/external rotation of the right shoulder to 70 degrees, abduction to 90 degrees, adduction to 40 degrees, flexion to 110 degrees, and extension to 40 degrees. The provider also notes tenderness to palpation of the right lateral and medial epicondyle, tenderness to the bilateral shoulders, decreased sensation in the right thumb, index finger, and middle finger, and positive Tinel's and Phalen's signs in the medial aspect of the right elbow. The patient is currently prescribed Tylenol 3. Patient is currently working modified duties. MTUS Guidelines, Topical Analgesics section, page 112 has the following under Lidocaine Indication: "Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine whether creams, lotions or gels, are indicated for neuropathic pain. MTUS Topical Analgesics section, page 111 also states: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS Guidelines, Lidoderm (Lidocaine patch) section, page 56-57 states: "Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica.) MTUS Topical analgesics section, page 112 also states: Lidocaine indication: neuropathic pain, Recommended for localized peripheral pain." In regard to the Terocin patches for this patient's wrist complaint, the request is appropriate. This patient presents with lower back pain with a radicular component, bilateral shoulder pain which radiates into the upper extremities, and carpal tunnel complaints. Topical Lidocaine is only considered appropriate for localized peripheral neuropathic complaints. Per progress note dated 10/13/15, the provider states the following regarding this request: "Try Lidocaine patches 12 hr on 12 hr off #30 for residual neuropathic pain even with Cymbalta and Neurontin (wrist)" [sic]. While part of this statement is a typo, the provider is apparently requesting Lidocaine (Terocin) patches for residual neuropathic pain in the wrist given the failure of AED and NSAID medications. As Terocin patches are supported for a localized peripheral neuropathic pain, given the statements that such patches are to be utilized for this patient's localized carpal tunnel pain (following the failure of Gabapentin and Cymbalta) the request is an appropriate measure. Therefore, the request is medically necessary.