

Case Number:	CM15-0219819		
Date Assigned:	11/12/2015	Date of Injury:	08/20/2014
Decision Date:	12/23/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/09/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 46 year old male sustained an industrial injury on 8-20-14. Documentation indicated that the injured worker was receiving treatment for post-concussion syndrome after traumatic brain injury, subsequent arachnoid hemorrhage, subdural hemorrhage, left radial fracture, facial fractures, multiple rib fractures with mood disturbance, changes in vision, cognition, endurance and memory and depression and anxiety with adjustment disorder. Previous treatment included physical therapy, chiropractic therapy, occupational therapy, transcutaneous electrical nerve stimulator unit, psychiatric care and medications. In a PR-2 dated 10-27-15, the injured worker complained of ongoing back and left shoulder pain as well as fatigue, ringing and buzzing in ears, difficulty reading and concentrating, problems with memory, depressed mood, anxiety, palpitations with anxiety, nightmares waking him with sweat, headaches and impaired sleep. The injured worker reported that he found significant benefit with Terocin patch. The injured worker stated that he was able to relax and sleep better with less waking due to back and rib pain due to Terocin patch. The injured worker stated that the pain was now only bothersome during the day when he was required to do heavy labor at work. The injured worker previously took Lidoderm patch (not helpful for rib pain), Oxycodone, Norco (caused nausea and dizziness), Cyclobenzaprine (caused nausea and dizziness) and Levetiracetam. Physical exam was deferred. The treatment plan included refilling Terocin patch, starting psychology and continuing home exercise. On 11-6-15, Utilization Review non-certified arthropathy Terocin patch 4%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch 4%: 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 California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, "adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists," agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use for facial fracture pain. Therefore the request is not medically necessary.