

Case Number:	CM15-0031833		
Date Assigned:	02/25/2015	Date of Injury:	08/11/2003
Decision Date:	04/03/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/20/2015

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 Jersey

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:

The injured worker is a 53 year old male who sustained an industrial injury on 8/11/03. The injured worker reported symptoms in the neck and upper extremities. The diagnoses included post laminectomy cervical, cervical radiculopathy, impingement syndrome, adhesive capsulitis of shoulder and carpal tunnel syndrome. Treatments to date include activity modification, oral pain medications, physical therapy, and status post-surgical treatment. In a progress note dated 1/12/15 the treating provider reports the injured worker was with "intractable neck pain radiation to upper extremities hand pain loss of motion." On 1/23/15 Utilization Review non-certified the request for Terocin Patch #30 with 1 refill. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non steroid anti-inflammatory drugs (NSAIDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, although the provider reported that the worker had been using Terocin with some benefit, this was not measured in terms of specific functional abilities and pain levels with and without the use of this medication. Also, there was no evidence found in the notes provided for review suggesting the worker tried and failed first-line therapies for neuropathic pain to warrant a trial of Terocin. Therefore, the Terocin patch will be considered medically unnecessary.