

Case Number:	CM15-0035642		
Date Assigned:	03/04/2015	Date of Injury:	07/17/2012
Decision Date:	05/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/25/2015

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: Maryland

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

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 51 year old female who sustained an industrial injury on 07/17/12. Initial complaints include right hand and index finger pain and swelling. Initial diagnosis was not available. Treatments to date include work restrictions, right carpal tunnel surgery, an epidural steroid injection in her neck, and physical therapy. Diagnostic studies include MRIs of the right wrist, elbow, and shoulder and also the cervical spine, x-rays of the right hand and fingers, and nerve conduction studies. Current complaints include right arm and shoulder pain. In a QME evaluation on 04/24/14 the evaluating provider report the medical treatment as orthopedic evaluation and treatment on a symptomatic basis. The requested treatment is Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine and Methyl salicylate and topical analgesics Page(s): 112 and 105 and 111-113.

Decision rationale: Terocin patch #30 is not medically necessary per the MTUS Guidelines. Terocin patch contains menthol and Lidocaine. Menthol is not specifically addressed in the MTUS but is an ingredient in methyl salicylate products such as Ben Gay which is supported by the MTUS. The guidelines state that lidocaine is 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). 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. The documentation is not clear that the patient has had a trial of first line therapy for neuropathic pain prior to attempting a patch with Lidocaine. The documentation does not reveal intolerance to oral medications. The request for Terocin patches is not medically necessary.