

Case Number:	CM15-0046827		
Date Assigned:	03/19/2015	Date of Injury:	02/17/2000
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/11/2015

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, 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 59-year-old female sustained an industrial injury to the neck, back and bilateral shoulders on 2/17/00. Previous treatment included physical therapy, transcutaneous electrical nerve stimulator unit, acupuncture, home exercise and medications. In a PR-2 dated 12/19/14, the injured worker complained of neck pain and stiffness with radiation to bilateral shoulders, low back pain associated with inability to move legs, headaches and chronic fatigue. Physical exam was remarkable for no tenderness to palpation to the lumbar spine, mild tenderness over cervical spine paraspinal and bilateral trapezius musculature with limited range of motion and shoulders with tenderness to palpation at the acromial joints bilaterally with full range of motion, negative impingement test and 5/5 strength. Current diagnoses included cervical and facet arthropathy, lumbar facet arthropathy, myofascial pain syndrome, right carpal tunnel syndrome, temporomandibular joint disease, trochanteric bursitis and cervicogenic headaches. The treatment plan included cognitive behavioral therapy, physical therapy, acupuncture and medications (Cyclobenzaprine, Diclofenac and Omeprazole).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Terocin patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: This a retrospective request for Terocin patches in a patient with chronic pain. Terocin is a combination preparation of menthol and lidocaine provided in a topical patch delivery system. MTUS guidelines for topical analgesics state that topical agents are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. There is little to no support for the use of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin patches are not indicated for neuropathic pain. Further research is needed to recommend topical lidocaine for chronic neuropathic pain other than post-herpetic neuralgias. In February 2007, the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. In this patient, the topical use of Terocin patches is not medically necessary.