

Case Number:	CM15-0047014		
Date Assigned:	03/19/2015	Date of Injury:	07/23/2012
Decision Date:	04/24/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/12/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 year old female who sustained a work related injury on July 23, 2012. She complained of bilateral hand pain from repetitive motion working as a riveter. She was diagnosed with bilateral carpal tunnel syndrome and lesion of the ulnar nerve. She underwent surgery for both hands in 2013. Treatment included pain medications, physical therapy, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and oral steroids, topical medicine, splinting hands, and electromyogram studies. Currently, the injured worker complained of having numbness and tingling of both hands. Authorization was requested for a prescription of Terocin for a three month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin DIS 4-4%, 3 month supply 3 boxes, 6 bottles: 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.

Decision rationale: Guidelines, although largely experimental, recommend topical analgesics for treatment of neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended only when unresponsive to other conservative treatments. In this case, there was no documented neuropathic pain or documentation of intolerance to oral pain medication. Guidelines state that compounded products that contain at least one drug that is not recommended, then the compounded product is not recommended. The request for Terrocin DIS 4-4%, 3 month supply is not medically appropriate and necessary.