

<b>Case Number:</b>	CM15-0051723		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	05/26/2009
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 44 year old who sustained an industrial injury on 05/26/2009. Diagnoses include bilateral carpal tunnel syndrome status post carpal tunnel release, right 09/29/2014, and left 10/13/2014, left knee sprain, right lateral epicondylitis and medial epicondylitis, right wrist sprain, left wrist sprain, and right forearm extensors tendinitis. Treatment to date has included medications, diagnostic studies, gripping and grasping exercises, and physical therapy. A physician progress note dated 01/28/2015 documents the injured worker continues with wrist pain rated a 6 on a scale of 0-10. She has numbness bilaterally with repetitive use of the hand and wrists. The current medications allow her to reduce symptoms and be functional while accomplishing her activities of daily living. Treatment plan is for Tramadol, Terocin, and need for forearm support to aid right elbow. Treatment requested is for Forearm support to aid the right elbow, and Terocin cream 120gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin cream 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

**Decision rationale:** Guidelines state a topical agent are largely experimental and if one ingredient is not recommended then the compound is not recommended. In this case, Terocin contains methyl salicylate, lidocaine, capsaicin and menthol. Lidocaine is recommended for peripheral pain after failure of first line therapy. In this case, documentation does not identify failure of first line treatments. The request for Terocin cream 120 gm is not medically necessary and appropriate.

**Forearm support to aid the right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007),Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**Decision rationale:** Guidelines state conservative care consists of activity modification using epicondylagia supports and NSAIDs. In this case, the patient exhibited tenderness over the lateral epicondyle. However, there was no pain for functional limitations with range of motion. The request for forearm support is not medically necessary and appropriate.