

Case Number:	CM15-0057831		
Date Assigned:	04/02/2015	Date of Injury:	12/04/2013
Decision Date:	05/08/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial injury on 12/04/2013 reporting injury to her left shoulder and wrist after picking up a child at work. On provider visit dated 01/20/2015 the injured worker has reported neck pain and muscle spasms, left shoulder pain, left elbow pain and left wrist pain. On examination of the cervical spine she was noted to have tenderness to palpation, left shoulder was noted to have tenderness to palpation with a decreased range of motion, and a positive Neer's impingement sign. Left wrist and elbow were noted to have tenderness to palpation and a decreased range of motion to left wrist. The diagnoses have included cervical spine sprain/strain, left shoulder sprain/strain and left elbow sprain/strain left wrist De Quervain's tenosynovitis. Treatment to date has included laboratory studies, physical therapy, medication, acupuncture and pain management. The provider requested Terocine Patches for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCINE PATCHES FOR PAIN RELIEF #1: 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 analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient presents on 01/20/15 with burning radicular neck pain rated 7-8/10 and neck muscle spasms, greater on the left. The patient also complains of burning left shoulder pain which radiates into the left arm rated 7-8/10, burning left elbow pain rated 7-8/10, and burning left wrist pain rated 7-8/10 with muscle spasms. The patient's date of injury is 12/04/13. Patient has no documented surgical history directed at this complaint. The request is for TEROGIN PATCHES FOR PAIN RELIEF. The RFA was not provided. Physical examination dated 01/20/15 reveals tenderness to palpation of the occiput, trapezius muscle, sternocleidomastoid muscles, and levator scapula muscles bilaterally. Left shoulder exam reveals decreased range of motion in all planes, especially flexion and extension, and positive Neer's impingement sign. Left elbow exam reveals tenderness to palpation of the left medial and lateral epicondyle. Left wrist/hand examination reveals tenderness to palpation over the carpal bones and over the thenar and hypothenar eminence. Neurological examination reveals decreased light touch sensation along the median and ulnar nerve distributions in the left upper extremity. The patient's current medication regimen was not provided. Diagnostic imaging included MRI of the cervical spine dated 01/22/15, significant findings include: "C4-5: Focal central posterior disc protrusion NEUTRAL 3.0mm EXTENSION 4.0mm... C5-6: Focal central posterior disc protrusion NEUTRAL 3.0mm EXTENSION 4.0mm... C6-7: Focal central posterior disc protrusion NEUTRAL 4.0mm EXTENSION 5.0mm." Patient is currently classified as temporarily totally disabled through 02/17/15. MTUS Chronic Pain Medical Treatment guidelines, page 112 under Lidocaine Indication: "topical Lidocaine may be 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." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." ODG Pain chapter, under Lidoderm-Lidocaine patch, specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." In regard to Terocin patches, which contain Lidocaine and Menthol, the patient does not present with peripheral and localized neuropathic pain. The patient has severe cervical spine pain which radiates into the left upper extremity. This is not a localized neuropathic pain amenable to topical Lidocaine patches, which are not indicated for neck pain or axial chronic pain. It is not clear how long this patient has been prescribed this medication or to what effect, however Terocin patches are not supported by guidelines for this patient's chief complaint. Therefore, request IS NOT medically necessary.