MAXIMUS Federal Services

Case Number:	CM15-0080491		
Date Assigned:	05/01/2015	Date of Injury:	03/12/2010
Decision Date:	06/01/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/27/2015

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: 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:

The injured worker is a 58-year-old female, who sustained an industrial injury on 03/12/2010. She reported that she slipped and tried to break her fall causing her to land on her right side sustaining injuries to her right shoulder, right elbow, right wrist, right hand, neck, and low back. The injured worker was diagnosed as having a slip and fall with resulting right upper extremity cervical radiculopathy with rule out herniated nucleus pulposus, rule out right shoulder internal derangement, right lateral epicondylitis, right wrist chronic sprain/strain, right lower extremity lumbar radiculopathy with rule out herniated nucleus pulposus. Treatment to date has included physical therapy, x-rays, magnetic resonance imaging, nerve conduction study, and medication regimen. In a progress note dated 01/21/2015 the treating physician reports complaints of constant, sharp pain to the neck and right shoulder; constant, achy pain to the right elbow; constant, tingling, and numbing pain to the right wrist/hand, and intermittent, sharp pain to the low back that radiates to the right lower extremity. The pain level to the neck, right shoulder, and right wrist/hand is rated a seven on the scale of one to ten on a pain scale, the pain level to the right elbow is rated a six on a scale of one to ten, and the pain level to the low back is rated a seven plus on a scale of one to ten. The treating physician indicated that the injured worker will be provided with topical compounds and creams to decrease the use of prescription oral medications, but did not indicate the specific topical compounds and creams to be prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin Patch provided on 2/18/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.