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| Case Number: | CM15-0083472 | | |
| Date Assigned: | 05/05/2015 | Date of Injury: | 12/01/2014 |
| Decision Date: | 06/05/2015 | UR Denial Date: | 03/31/2015 |
| Priority: | Standard | Application Received: | 04/30/2015 |

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 46-year-old male who sustained an industrial injury on 12/01/2014. Current diagnoses include right wrist sprain and rule out carpal tunnel on the right side. Previous treatments included medication management, physical therapy, and home exercises. Initial complaints included pain in the right hand and right wrist after lifting a box. Report dated 03/04/2015 noted that the injured worker presented with complaints that included right hand and right wrist pain. Pain level was 5 out of 10 on the visual analog scale (VAS). Physical examination was positive for right wrist tenderness, weakness, positive Tinel sign, and the physician noted that there is evidence of carpal tunnel syndrome. The treatment plan included request for NCV/EMG, started on Neurontin for neuropathic pain, prescription for Terocin for local application, continue exercises, and follow up in 2-3 weeks for re-evaluation. Disputed treatments include Neurontin and Terocin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 120gm (2 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, pages 111-113.

Decision rationale: The provider has not submitted any new information to support for topical compound analgesic Terocin that was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswelia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswelia serrata and topical Lidocaine are specifically not recommended per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additionally, there is no demonstrated functional improvement or pain relief from treatment already rendered for this injury nor is there any report of acute flare-up, new red-flag conditions, or intolerance to oral medications as the patient continues to be prescribed oral meds. The Terocin 120gm (2 bottles) is not medically necessary and appropriate.