

Case Number:	CM15-0085655		
Date Assigned:	05/07/2015	Date of Injury:	04/08/2014
Decision Date:	06/16/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/04/2015

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: Florida, New York, Pennsylvania
 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:

This 34 year old female sustained an industrial injury on 4/8/14. She subsequently reported back, upper extremity, leg, neck and groin area pain. Diagnoses include carpal tunnel syndrome, neck sprain and disorders of bursae, impingement syndrome and tendons of shoulder region. Treatments to date include nerve conduction, x-ray and MRI testing, modified work duty, injections and prescription pain medications. The injured worker continues to experience bilateral shoulder and wrist pain. Upon examination, decreased range of cervical motion was noted. Muscular guarding, hypertonicity and trigger points are present throughout the paracervical musculature. The injured worker tested positive for cervical compression test, Jackson's, Tinel's, Phalen's and carpal tunnel compression test. A request for Terocin patch medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2
Page(s): 28, 105, 111-113.

Decision rationale: Terocin Patch, in this case, is listed as containing Menthol/MethylSalicylate /Capsaicin/Lidocaine. Topical agents such as this are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. In the management of chronic pain topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidocaine is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not recommended for non-neuropathic pain. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and can be recommended. Methyl Salicylate with topical use is significantly better than placebo in chronic pain and could be recommended. Menthol has not been evaluated as efficacious and therefore cannot be recommended. Per the MTUS any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Additionally the Lidocaine is also not indicated for non-neuropathic pain. Therefore the compounded product is not medically necessary and the UR Non-Cert is supported.