

Case Number:	CM15-0087300		
Date Assigned:	05/11/2015	Date of Injury:	11/20/2006
Decision Date:	06/10/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/06/2015

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: Arizona, California
 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 57-year-old male who sustained an industrial injury on November 20, 2006. Previous treatment includes cervical fusion and medications. Currently the injured worker complains of cervical spine pain which he rates a 6-7 on a 10-point scale. He reports that the pain is aggravated by looking up, looking down, moving head from side to side and with repetitive motions of the head and neck. The pain is associated with radiation of pain, numbness and tingling into the bilateral upper extremities. On physical examination, the injured worker has limited range of motion of the cervical spine and has bilateral foraminal compression tests. He has tenderness to palpation of the right elbow and his range of motion on the right upper extremity is limited. . He is unable to make a fist with the right hand and has tenderness to palpation over the thenar and hypothenar eminences as well as the carpal bones. Diagnoses associated with the request include cervicalgia, status post cervical fusion, cervical spine radiculopathy, right elbow cubital tunnel syndrome and right hand internal derangement. The treatment plan includes MRI of the cervical spine, right elbow, right hand and fingers, EMG/NCV of the bilateral upper extremities, orthopedic surgeon consultation, and Terocin patches for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Terocin patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Capsaicin, Salicylate, Menthol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Terocin patch contains .025% Capsaicin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is 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). Methyl Salicylate, a topical NSAID, is indicated for osteoarthritis. The claimant did not have the above diagnoses. In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine and Methyl Salicylate are not approved for the claimant's pain type. Any compounded drug that is not recommended is not recommended and therefore Terocin patches are not medically necessary.