MAXIMUS Federal Services

Case Number:	CM14-0112990		
Date Assigned:	08/01/2014	Date of Injury:	03/05/2010
Decision Date:	10/09/2014	UR Denial Date:	07/12/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48-year-old male with a reported date of injury on 03/05/2010. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include carpal tunnel syndrome and trigger finger. His previous treatments were noted to include physical therapy and work hardening. The progress note dated 08/16/2012 revealed the injured worker was still in physical therapy and was feeling better. The physical examination revealed decreased range of motion and a negative Tinel's sign. The progress note dated 11/15/2012 revealed complaints of tingling to the bilateral 1st through 3rd digit. The physical exam revealed full strength to the bilateral abductor polllicis opponens and no atrophy. The Request for Authorization form was not submitted within the medical records. The retrospective request was for Terocin lotion - unspecified dosage and quantity (date of service: 11/15/2012) for treatment of bilateral hands and wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion dispensed on 11/15/12 (Unspecified dosage and quantity) for treatment of the bilateral hands and wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topical, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105; 111; 28; 112.

Decision rationale: Terocin consists of methyl salicylate, capsaicin, and lidocaine. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The Guidelines recommend treatment with topical salicylates. The Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended and capsaicin is not recommended except for patients who have not responded or are intolerant to other treatments and lidocaine is not recommended in any form other than a Lidoderm patch. Additionally, the request failed to provide the dosage and frequency at which this medication is to be utilized. Therefore, the request of Terocin Lotion dispensed on 11/15/12 (Unspecified dosage and quantity) for treatment of the bilateral hands and wrists is not medically necessary and appropriate.