

<b>Case Number:</b>	CM14-0121867		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/22/2013
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

Evaluation from 07/10/14 indicated ongoing bilateral hand tingling and numbness with weakness. The insured had undergone extensive rehab therapy as well as stimulation treatments with continued discomfort noted. Physical exam indicated bilateral hands with slight swelling of the wrist joints. There was significant decreased sensation in the radial nerve distribution bilaterally. The left side was worse than the right side. There was also swelling in the knee joint. Nerve conduction study reported September 11, 2013 was within normal limits in the upper extremities. In the upper extremities it showed bilateral marked nerve, moderate neuropathy. The assessment was carpal tunnel syndrome with knee sprain/strain. Report May 10, 2014, comprehensive medical examination indicated bilateral hand, wrist pain with reported numbness. EMG was reported to show entrapment neuropathy of the median nerve and the overall assessment was carpal tunnel syndrome of the bilateral wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patch #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** While the noted component agents in Terocin are supported for topical monotherapy, without demonstrated functional benefit, continued use is not supported. Official Disability Guidelines support. 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 use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The medical records provided for review do not indicate specific objective functional benefit from topical Terocin patch. Therefore, this request is not medically necessary.