

Case Number:	CM14-0135358		
Date Assigned:	09/03/2014	Date of Injury:	09/24/2012
Decision Date:	09/26/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/22/2014

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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 23-year-old female with an injury date of 09/24/2012. Based on the 07/22/2014 progress report, the patient complains of having pain in her right ulnar wrist. The patient "has been refractory to conservative treatment, including activity modification (the patient has been off work), splinting, and rest, as well as anti-inflammatory medications." She has tenderness over the right wrist at the triangle fibrocartilage complex, which creates pain in her wrist. There is minimal radial-sided tenderness. The utilization review letter states that the patient is status post right wrist arthroscopy (01/16/2014) for a dorsal triangular fibrocartilage complex (TFC) capsular tear. The patient's diagnoses include the following: 1. Bicipital tenosynovitis, shoulder. 2. Dietary surveil/counsel. 3. Wrist sprain/strain. The utilization review determination being challenged is dated 08/08/2014. There was 1 treatment report provided from 07/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 -113.

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

Decision rationale: Based on the 07/22/2014 progress report, the patient has persistent right ulnar wrist pain. There is a retrospective request for Terocin lotion. Terocin lotion contains salicylate, capsaicin, and Lidocaine. MTUS Guidelines provide clear discussion regarding compounded topical products for use in chronic pain. It states that if one of the components is not recommended, then the entire component is not recommended. In this case, the Terocin lotion contains a salicylate, which is a topical NSAID. Topical NSAID is indicated for peripheral arthritic and tendonitis pain per MTUS Guidelines. The patient does not present with peripheral joint arthritis or tendonitis. There is no discussion regarding if the patient has peripheral joint arthritis or tendonitis. Furthermore, topical Lidocaine is recommended for neuropathic pain only and this patient does not present with neuropathic pain. Terocin lotion is not medically necessary and appropriate.