

Case Number:	CM14-0145625		
Date Assigned:	09/12/2014	Date of Injury:	09/30/2013
Decision Date:	10/14/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/08/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 49-year-old female with a reported date of injury on 09/30/2013. The mechanism of injury was repetitive stress. The diagnoses included lateral epicondylitis to the right elbow, right shoulder impingement syndrome, and cervical spine sprain/strain. The past treatments included pain medication, physical therapy, and surgery. The MRI performed on 01/09/2014 to the right elbow revealed severe lateral epicondylitis with lateral partial tearing of the common extensor tendon. The surgical history included surgical debridement of the right elbow on 07/14/2014. The subjective complaints on 08/07/2014 included neck pain, right shoulder pain, and right elbow pain that radiated down to the forearm and wrist. The physical examination noted decreased range of motion to the cervical spine and the thoracic spine. The impingement sign and Hawkins' test were positive on the right and negative on the left. The injured worker's medications included Terocin pain patch and ibuprofen. The treatment plan was to provide an ergonomic work station and to continue medications. A request was received for Terocin pain patch. The rationale for the request was not provided. The Request for Authorization Form was not provided in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain patch: 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): 111-112.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Terocin patches contain lidocaine 2.50%, capsaicin 0.025%, menthol 10%, and methyl salicylate 25%. In regards to lidocaine, the guidelines state that there are no commercially approved topical formulations of lidocaine for neuropathic pain other than Lidoderm brand patches. In regards to capsaicin, it is recommended only as an option in patients who have not responded or are intolerant to other treatments. In regards to Methyl salicylate, it was noted to be significantly better than placebo in chronic pain when used as mono therapy. In addition, the submitted request does not specify the quantity, frequency, or site of application. For the reasons listed above, the request is not supported by the guidelines. As such, Terocin pain patch is not medically necessary.