

Case Number:	CM14-0041310		
Date Assigned:	06/27/2014	Date of Injury:	09/08/2008
Decision Date:	09/05/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational Medicine 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 represented [REDACTED] employee who has filed a claim for chronic hand and arm pain reportedly associated with an industrial injury of September 8, 2008. Thus far, she has been treated with the following: analgesic medications; attorney representation; topical agents; muscle relaxants; and adjuvant medications. In a Utilization Review Report dated March 26, 2014, the claims administrator denied a request for Topical Terocin. The patient's attorney subsequently appealed. In the progress report dated March 19, 2014, the patient presented with 6/10 shoulder and neck pain radiating to the right arm. She acknowledged feeling depressed and stated that her attorney was working with the claims administrator to try and settle the case. According to the notes, the patient has comorbid diabetes and hypertension. Her medication list included aspirin, Tenormin, Cymbalta, Flector, Flexeril, Glyburide, Zestril, Terocin, Desyrel, Zofran, and Prilosec. Multiple medications were refilled. Three boxes of Terocin were dispensed. Authorization for a transcutaneous electrical nerve stimulation (TENS) unit was sought. The patient's work status was not furnished. It was stated that she has already had maximal medical improvement. A psychology consultation was also sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Terocin (Lidocaine-Menthol) 4%-4% adhesive patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov>.

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are largely experimental, primarily intended for neuropathic pain when trials of antidepressants and/or anticonvulsants have failed. In this case, however, the patient's ongoing usage of several anticonvulsant and adjuvant medications, including Cymbalta and Desyrel, taken together, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents such as Terocin. Therefore, the retrospective request for Terocin (Lidocaine-Menthol) 4%-4% adhesive patch #30 was not medically necessary.