MAXIMUS Federal Services

Case Number:	CM14-0214018		
Date Assigned:	12/31/2014	Date of Injury:	02/16/2006
Decision Date:	02/25/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59-year-old patient sustained an injury on 2/16/06 while employed by [redacted], [redacted]. Request(s) under consideration include Terocin pain patch #30 with 1 refill. Diagnoses include Cubital tunnel syndrome; rotator cuff tear; cervical spondylosis; and carpal tunnel syndrome. Conservative care has included medications, therapy modalities, and modified activities/rest. Medications list Advil and Terocin patch. The patient continues to treat for chronic ongoing symptom complaints. Report of 11/14/14 from the provider noted bilateral shoulder and right wrist pain without change in clinical presentation. Treatment include medication. The request(s) for Terocin pain patch #30 with 1 refill was non-certified on 12/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain patch #30 with 1 refill: Upheld

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

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

Decision rationale: Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswelia serrata and topical Lidocaine are specifically not recommended per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additionally, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic 2006 injury nor is there any report of acute flare-up, new red-flag conditions, or intolerance to oral medications as the patient continues to be prescribed multiple oral meds. The Terocin pain patch #30 with 1 refill is not medically necessary and appropriate.