

Case Number:	CM14-0214666		
Date Assigned:	01/07/2015	Date of Injury:	06/25/2012
Decision Date:	02/23/2015	UR Denial Date:	12/17/2014
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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 48-year-old woman with a date of injury of June 25, 2012. The mechanism of injury occurred after the IW struck her left elbow against a refrigerator. The injured worker diagnoses are left elbow ulnar neuropathy; left elbow lateral epicondylitis; and left shoulder tendinitis. Pursuant to the progress reports dated April 17, 2014, the IW complains of recurrence of left shoulder pain. The previous Kenalog injection however was extremely helpful in attenuating her pain for a number of months. The pain in the elbow was associated with numbness and tingling in the fingers of the left hand. Physical examination reveals tenderness about the left shoulder with associated crepitus. Hawkins sign is positive. Focal tenderness is present over both cubital tunnel and lateral epicondyle at the common extensor origin. Tinel's and cubital tunnel compression test remain positive. The treating physician is recommending Voltaren ER 100mg, Protonix 20mg, Ultram ER 150mg, and Terocin 120ml. The IW has used Terocin lotion since January 28, 2013. There was no evidence of objective functional improvement associated with the ongoing use of Terocin. The current request is for retrospective request for medication prescribed (Terocin dispensed from 4/17/13-5/13/13).

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin dispensed 04/17/13-05/13/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain Section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin lotion date of service April 17, 2014 through May 3, 2014 is not medically necessary. Terocin lotion contains lidocaine and menthol. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Lidocaine lotion is not recommended. In this case, the injured worker's diagnoses are left elbow ulnar neuropathy; left elbow lateral epicondylitis; and left shoulder tendinitis. Any compounded product that contains at least one drug (lidocaine in lotion) that is not recommended is not recommended. The injured worker has been using Terocin lotion since January 20, 2013. The documentation does not reflect evidence of objective functional improvement with its ongoing use. Consequently, Terocin lotion containing lidocaine and menthol is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Terocin date of service April 17, 2014 through May 3, 2014 is not medically necessary.