

<b>Case Number:</b>	CM14-0215806		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 62 year old female with date of injury 10/23/12. The mechanism of injury is stated as repetitive use. The patient has complained of bilateral wrist pain and numbness and tingling of the bilateral hands since the date of injury. She has been treated with physical therapy and medications. There are no radiographic reports included for review. Objective: focal tenderness over the bilateral carpal tunnels, decreased grip strength bilaterally. Diagnoses: bilateral carpal tunnel syndrome. Treatment plan and request: Terocin patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patches # 30:** 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:** This 62 year old female has complained of bilateral wrist pain and numbness and tingling of the bilateral hands since the date of injury 10/23/12. She has been

treated with physical therapy and medications. The current request is for Terocin patches. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, therefore this request is not medically necessary.