

Case Number:	CM15-0118539		
Date Assigned:	06/26/2015	Date of Injury:	08/22/2013
Decision Date:	08/24/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/19/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 59 year old female, who sustained an industrial injury on 08/22/2013. While walking, she slipped on spilled wax on the floor and hit her head and neck on the concrete floor. Treatment to date has included physical therapy, MRI of the cervical spine and brain, medications and electrodiagnostic studies of the upper extremities. According to a progress report dated 04/21/2015, headache pains would come and go. Every day she would wake up with headaches. Pain was made better with rest. Pain was rated 7 on a scale of 1-10 and associated with dizziness, nausea and memory loss. Salon patches were not approved by insurance. She was unable to take any oral medications and was not taking any except for her diabetes medication. Physical examination of the cervical spine demonstrated no cervical lordosis, asymmetry or abnormal curvature. Range of motion of the cervical spine was restricted with flexion limited to degrees, restricted with extension limited to degrees, restricted with right lateral bending limited to degrees, restricted with left lateral bending limited to degrees, restricted with lateral rotation to the left limited to degrees, restricted with lateral rotation to the right limited to degrees, was full but guarded and painful with limited range of motion in all directions due to stiffness. Diagnoses included cervicogenic headaches, cervicobrachial syndrome, chronic pain syndrome and postconcussion syndrome. The treatment plan included continuation of home exercise program and Terocin patches during flare-ups. The provider noted that the injured worker may need a repeat MRI of the brain in the next 2-3 months. A prescription was given for Terocin patch 4%, apply 1 patch to affected area; 12 hours on, 12 hours off quantity 30 with no refills. Work status included work restrictions. Currently under review is the request for Retrospective

request (with date of service of 4/21/2015) for Terocin patches (duration and frequency unknown).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (with date of service of 4/21/2015) for Terocin patches (duration and frequency unknown): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Topical Analgesics Page(s): 60, 111-112.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that only one medication should be given at a time. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. Per the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there was no discussion of trial and failure of antidepressants or anticonvulsants. Terocin patches contain lidocaine and menthol. CA MTUS Guidelines recommends topical lidocaine only in the form of the Lidoderm patch for neuropathic pain. Any topical agent with lidocaine is not recommended if it is not Lidoderm. Any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS is silent with regards to menthol. It may be used for relief of dry, itchy skin. This agent carries warnings that it may cause serious burns. In this case, the injured worker is noted to have a history of diabetes and is not able to take any oral medications, she appears to be doing well on her current regimen which includes a home exercise program and it would appear that the use of Terocin patches in this injured workers is medically appropriate, therefore the request for terocin patches 4% quantity of 30 with no refills is medically necessary.