

Case Number:	CM15-0119891		
Date Assigned:	06/30/2015	Date of Injury:	01/25/2010
Decision Date:	08/07/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/22/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old female who sustained an industrial injury on January 25, 2010. She has reported neck pain and has been diagnosed with cervicobrachial syndrome, chronic pain syndrome, lateral epicondylitis, DeQuervains tenosynovitis, and cervicalgia. Treatment has included medications, acupuncture, and injection. Neck pain was rated a 6/10. Topical cream in the past had helped with pain relief. Inspection of the left hand revealed swelling over the proximal interphalangeal joint of the thumb, index finger, middle finger, and ring finger. There was painful range of motion. There was tenderness to palpation over the proximal interphalangeal joint of the thumb, index finger, middle finger, and little finger. The treatment request included Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches 4% #30: 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): 112 of 127.

Decision rationale: Regarding request for Terocin patches, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient localized peripheral neuropathic pain after failure of first-line therapy. As such, the currently requested Terocin patches are not medically necessary.