

Case Number:	CM15-0172382		
Date Assigned:	09/14/2015	Date of Injury:	07/23/2013
Decision Date:	10/13/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

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 43-year-old female, who sustained an industrial injury on 7-23-13. She reported finger pain. The injured worker was diagnosed as having radial sided collateral ligament pain in the proximal interphalangeal joint and left 4th trigger finger at the A2 pulley. Treatment to date has included a Cortisone injection. Physical examination findings on 7-28-15 included no noticeable gross deformity. She was noted to be neurovascularly intact. Pain at the radial side of the collateral ligament at the proximal interphalangeal joint and pain with flexion and grasping was noted. Currently, the injured worker complains of left 4th finger pain. On 8-3-15, the treating physician requested authorization for Terocin lotion 120g with 3 refills. On 8-10-15, the requested was non-certified; the utilization review physician noted, "Efficacy was not discussed. Furthermore, there were no discussions of failure and contraindication of oral pain medication."

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion 120 gm with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in July 2013 and is being treated for a left fourth trigger finger. When seen and orthopedic evaluation had been completed and an injection was being recommended. Physical examination findings included pain with flexion and extension and pain over the collateral ligaments of the proximal interphalangeal joint. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin, which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not medically necessary.