

Case Number:	CM15-0174024		
Date Assigned:	09/15/2015	Date of Injury:	12/03/2014
Decision Date:	10/15/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/03/2015

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(n) 45 year old female, who sustained an industrial injury on 12-3-14. The injured worker was diagnosed as having neck pain, right rotator cuff tendinosis, low back pain, facet arthropathy and sacroiliac joint dysfunction. The physical exam (5-15-15 through 7-30-15) revealed 5-6 out of 10 pain at best and 7-8 out of 10 pain at worst, moderate spasms in the cervical spine, decreased right shoulder flexion (90 degrees) and abduction (70-100 degrees) and decreased lumbar flexion (30 degrees) and extension (10 degrees). Treatment to date has included chiropractic treatments and physical therapy x 34 sessions. Current medications include Naproxen, Hydrocodone, Gabapentin and Terocin patch. As of the PR2 dated 8-13-15, the injured worker reports pain in her neck, right shoulder and low back. She rates her pain 6 out of 10 at best and 7-8 out of 10 at worst. Objective findings include a negative Spurling's test in the neck, a positive Hawkin's sign and decreased range of motion in the right shoulder and decreased lumbar range of motion and "moderate" tenderness to palpation. The treating physician requested Terocin patch #10 (retrospective from 7-17-15). The Utilization Review dated 8-17-15, non-certified the request for Terocin patch #10 (retrospective from 7-17-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin Patch #10 DOS: 7/17/2015: 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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant sustained a work injury in December 2014 and is being treated for chronic neck, shoulder, and low back pain. Treatments have included physical therapy and medications and the claimant has poorly controlled diabetes and is not considered eligible for a cortisone injection. When seen, there was increased pain after two chiropractic treatments. She was having occasional giving out of the right knee. Physical examination findings included decreased cervical range of motion with moderate muscle spasms. There was right shoulder tenderness with decreased range of motion. There was lumbar, sacroiliac joint, sacral, and sciatic notch tenderness with decreased range of motion. There was decreased right lower extremity strength and left lower extremity sensation. Naproxen, Norco, and Terocin patches were prescribed. 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 after there has been evidence of a trial of first-line therapy with a tricyclic or SNRI anti-depressant or an antiepilepsy drug such as gabapentin or Lyrica. 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.