

Case Number:	CM15-0174182		
Date Assigned:	09/16/2015	Date of Injury:	01/08/2014
Decision Date:	10/16/2015	UR Denial Date:	08/25/2015
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: North Carolina

Certification(s)/Specialty: Family Practice

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 48 year old male, who sustained an industrial injury on January 8, 2014. He reported right wrist, forearm and hand pain with associated tingling and numbness. The injured worker was diagnosed as having carpal tunnel syndrome status post 5 surgical interventions of the right wrist and elbow, medial epicondylitis, ulnar nerve lesion, open fracture of radius and somatic symptoms disorder. Treatment to date has included diagnostic studies, surgical interventions of the wrist, physical therapy, TENS unit, ice and heat, home exercises, medications and work restrictions. Currently, the injured worker continues to report right wrist, forearm and hand pain with associated tingling and numbness of the elbow. It was noted he had difficulties with personal hygiene and driving secondary to limited use of the right hand. He noted since the injury reduced concentration, decreased libido, low self-esteem, frustration and guilt. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on March 23, 2015, revealed continued pain as noted with associated symptoms. He rated his pain at 7-8 out of 10 with the use of medications and 10 out of 10 in the mornings before moving around and taking medications. Evaluation on April 1, 2015, revealed worsened pain with physical therapy. Evaluation on July 16, 2015, revealed continued pain as noted. He rated his pain at 8 on a 1-10 scale with 10 being the worst. Medications including Terocin patches were continued. The RFA included requests for Retrospective Terocin patch #30 and was non-certified on the utilization review (UR) on August 25, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin patch #30: 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 California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below: Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.