

Case Number:	CM15-0176471		
Date Assigned:	09/17/2015	Date of Injury:	06/15/2012
Decision Date:	10/21/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/08/2015

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: Emergency 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:

This 43 year old man sustained an industrial injury on 6-15-2012. The mechanism of injury is not detailed. Evaluations include bilateral wrist x-rays performed during this visit show moderate degenerative changes. Diagnoses include left wrist carpal tunnel syndrome. Treatment has included oral and topical medications. Physician notes on a PR-2 dated 8-12-2015 show complaints of numbness and tingling of the distal phalanges and increased pain and weakness. The physical examination shows a positive Tinnels' sign, Phalen's sign, and Durkan's sign. Recommendations include Terocin patches, Menthoderm cream, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches, one patch 12 hours on affected area/ 12 hours off, one month supply # 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 requested product is a patch composed of multiple medications. As per MTUS guidelines, "Any compounded product that contain one drug or drug class that is not recommended is not recommended." Terocin contains capsaicin, lidocaine, Methyl Salicylate and Menthol. 1) Capsaicin: Data shows efficacy in muscular skeletal and neuropathic pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure. It is not recommended due to no documentation of prior treatment failure or effectiveness. 2) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of failure with a 1st line agent and there is no documentation on where the patches are to be used. It is therefore not recommended. 3) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. It may work on osteoarthritic pain and not neuropathic pain. This was prescribed along side another medication containing methyl-salicylate leading to risk of toxicity and overdose. 4) Menthol: There is no data on Menthol in the MTUS. All components are not recommended, the combination medication Terocin patch, as per MTUS guidelines, is not recommended.

Menthoderm cream, one month supply, 120mg: 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: Menthoderm is a topical product containing Methyl-salicylate and menthol. Methyl-Salicylate is a topical Non-steroidal anti-inflammatory drug (NSAID). As per MTUS Chronic pain guidelines, most recommendation for topical analgesics are related to neuropathic pains. Topical NSAIDs may be useful in chronic musculoskeletal pains especially osteoarthritic pain in shoulders, hip, wrist, knees etc. Pt has neuropathic chronic pains to wrist. MTUS recommends short term (4-12 weeks). Methyl-salicylate was also prescribed in another topical product leading to increased risk for overdose and toxicity. It is unclear why this compounded medication was requested when over the counter medication is readily available. The use of a non-FDA approved product and use in non-osteoarthritic pain is not indicated. Menthoderm is not medically necessary.