

Case Number:	CM15-0027273		
Date Assigned:	02/19/2015	Date of Injury:	02/06/2012
Decision Date:	04/03/2015	UR Denial Date:	01/31/2015
Priority:	Standard	Application Received:	02/12/2015

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: Utah, Arkansas

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:

This male sustained an industrial injury on 2/6/12 to the left shoulder and elbow. Treatment plan included left shoulder surgery (3/2013), left elbow lateral epicondyle release (11/2012), acupuncture, physical therapy and medications. In a PR-2 dated 11/19/14, the injured worker complained of pain 4/10 on the visual analog scale with burning, tingling and numbness. The injured worker had just completed a course of acupuncture and was working full duty. Physical exam was remarkable for tenderness to palpation on the left acromial joint and restricted range of motion to the left shoulder with 5/5 motor strength and intact sensation. The treatment plan included continuing Voltaren, increasing the dosage of Neurontin and adding a Lidoderm patch to apply to the shoulder as well as additional acupuncture twice a week for three weeks. On 1/31/15, Utilization Review non-certified a retrospective request for Terocin patch, ten count, provided on November 19, 2014, citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch, ten count, provided on November 19, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: MTUS guidelines were reviewed in regards to this specific case. The clinical documents were reviewed. The request is for Terocin. The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. This medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not specifically address Terocin as a topical analgesic. Therefore, according to the guidelines cited, it cannot be recommended at this time. The request for Terocin is not medically necessary.