

Case Number:	CM15-0065041		
Date Assigned:	04/13/2015	Date of Injury:	02/10/2011
Decision Date:	05/14/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, California
 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 51-year-old female, who sustained an industrial injury on 2/10/2011. The mechanism of injury is unknown. The injured worker was diagnosed as having carpal tunnel syndrome, rotator cuff injury, cervical radiculitis, and trigger finger and lumbosacral spondylosis. Electrical diagnostic study showed mild to moderate carpal tunnel syndrome. Treatment to date has included therapy, home exercises and medication management. In a progress note dated 3/4/2015, the injured worker complains of lumbo-thoracic pain. The treating physician is requesting Terocin patch. Per the doctor's note dated 4/22/15 patient had complaints of pain and numbness in left elbow and wrist and pain in neck and left shoulder. Physical examination of the cervical spine revealed tenderness on palpation, hypertonicity, muscle spasm and trigger points. Physical examination of the left shoulder revealed tenderness on palpation, limited range of motion, positive Hawkin test and drop arm test. The patient has had EMG study that revealed mild to moderate CTS. The medication list include Meloxicam, Terocin patch, Vicodin and atenolol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch 4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics. Terocin patches contains Menthol 4% and Lidocaine 4%.

Decision rationale: Request: Terocin Patch 4%. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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." 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. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. There is no evidence in the records provided that the pain is neuropathic in nature. The records provided do not specify that trials of antidepressants and anticonvulsants have failed. Any intolerance or lack of response of oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is also no evidence that menthol is recommended by the CA, MTUS, Chronic pain treatment guidelines. Topical menthol is not recommended in this patient for this diagnosis. The medical necessity of the request for Terocin Patch 4% is not fully established in this patient, therefore, it is not medically necessary.