

Case Number:	CM15-0066280		
Date Assigned:	04/14/2015	Date of Injury:	07/31/2013
Decision Date:	05/12/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/07/2015

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: New York

Certification(s)/Specialty: Internal 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:

The injured worker is a 37 year old female, who sustained an industrial injury on 7/31/2013. She reported injury to her right wrist while mopping a floor. The injured worker was diagnosed as having collateral ligament repair, not elsewhere classified, sprain/strain of ulnar collateral ligament, carpal tunnel syndrome, and reflex sympathetic dystrophy of upper limb. Treatment to date has included surgical intervention on the right wrist in 11/2013, diagnostics, therapy, wrist brace, and medications. On 3/05/2015, the injured worker complained of continued severe pain over the right wrist, associated with numbness and tingling. She complained of right hand weakness and stated she could no longer tolerate pain, stating that the swelling was not reduced. Pain was rated 10/10. Current medications included Lidocaine-Prilocaine cream, Naproxen, Ultracet, and Gabapentin. She appeared to be in severe pain and was tearful. The treatment plan included Terocin patch 4%. A physical exam of right upper extremity was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin patch 4% #30 no refills (3/5/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals. <http://dailymed.nlm.nih.gov/dailymed/archives/fdadruginfo.cfm-Terocin> topical pain relief lotion.

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case there is no documentation provided necessitating Terocin. This medication contains methyl salicylate, capsaicin, menthol, and lidocaine. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous medications. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.