

Case Number:	CM15-0068249		
Date Assigned:	04/15/2015	Date of Injury:	09/28/2000
Decision Date:	05/14/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/10/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 60 year old female who sustained an industrial injury on 09/28/2000. The injured worker was diagnosed with thoracic or lumbosacral neuritis or radiculitis, thoracic sprain/strain and adhesive capsulitis of the shoulder. Treatment to date includes diagnostic testing, physical therapy and multiple failed neuropathic pain medications. There were no surgical interventions noted. According to the primary treating physician's progress report on March 3, 2015, the injured worker reports no change in her back and neck pain. She does report that Terocin Patches are more effective with increased functional improvement and less side effects. Examination of the left shoulder noted full active range of motion and decreased sensation in the C7 distribution on the left extending to the distal 4th and 5th fingers. Current medications are listed as Lidoderm topical analgesics. The injured worker is Permanent and Stationary (P&S) and works part time. Treatment plan consists of continue to use topical analgesics for flare-ups in neuropathic pain, home exercise program, ice as needed, follow-up visits and the current request for Terocin Patch refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: Terocin patch is formed by the combination of Lidocaine and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Terocin patch contains Lidocaine a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above Terocin Patch BID #60 is not medically necessary.