

Case Number:	CM15-0073199		
Date Assigned:	04/23/2015	Date of Injury:	05/15/2013
Decision Date:	06/11/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/17/2015

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, West Virginia, Pennsylvania
 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:

The injured worker is a 32-year-old male, who sustained an industrial injury on 5/15/13. He reported initial complaints of injury to right hand. The injured worker was diagnosed as having compression injury right hand; brachial plexus irritability; neuritis or radiculitis; right long/ring metacarpal microfractures healed; right radial tunnel syndrome. Treatment to date has included right hand therapy; cervical spine MRI (9/15/14); urine toxicology; medications. Currently, the PR-2 notes dated 3/25/15 indicate the injured worker has been authorized for Right stellate ganglion blocks and additional hand therapy. The office is awaiting a copy of an EKG before his methadone will be started. The injured worker is prescribed Oxycodone 30mg, Valium 5mg as needed. He reports the Valium helps him sleep but does not help tremors. He reports pain levels in his right arm at 8-10/10 though good relief from the use of current medications. Physical examination reveals allodynia in the right hand. The provider's treatment plan includes getting the injured worker scheduled for his stellate ganglion block, obtain the EKG and begin hand therapy. He has recommended a right radial tunnel injection under ultrasound but not sure of authorization on this date. The injured worker is to continue home exercise and tobacco cessation; the office will obtain an updated consent and urine drug screen. The provider has prescribed Oxycodone, discontinue Valium and dispense a trial of Lunesta 3mg at bedtime as needed. He will also trail Terocin Patches 1-2x daily as he has failed other neuropathics and antidepressants. He has previously used Lyrica and currently uses Celexa. Utilization Review denied the Terocin Patches 1-2x daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches 1-2x daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 105.

Decision rationale: Guidelines note that topical agents are largely experimental. Topical lidocaine is recommended for peripheral pain after first line therapy has failed. Capsaicin is only recommended in patients intolerant to other treatments. In this case, the clinical documentation failed to provide the efficacy of the requested medication and there was no documentation indicating functional benefit. The request for Terocin is not medically necessary and appropriate.