

Case Number:	CM15-0076449		
Date Assigned:	04/28/2015	Date of Injury:	03/02/2012
Decision Date:	05/29/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/21/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 3/2/2012. She reported right shoulder pain. The injured worker was diagnosed as having rotator cuff injury, adhesive capsulitis, carpal tunnel syndrome, and chronic pain syndrome. Treatment to date has included medications, acupuncture, physical therapy, exercises, and TENS unit. The request is for Terocin patches. On 1/14/2015, she complained of continuing to be unable to lift her right arm to brush her hair, otherwise reports her symptoms to be reasonably controlled under her current restrictions. She reports being fearful of surgery, and injections make her nervous. She indicates she has been using a TENS unit which she feels is helping. The treatment plan included: Tylenol, acupuncture, Omeprazole, TENS unit. On 3/16, 2015, she indicates her arm feels ok, and she is starting to see improvements. The treatment plan included: Terocin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch 4%, apply 1 patch to affected area, 12 hours on, 12 hours off, Qty 30, no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine (lidoderm patches) Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient was injured on 03/02/12 and presents with right arm pain. The request is for Terocin patch 4% apply 1 patch to the affected area, 12 hours off, qty 30 no refills. The RFA is dated 03/18/15 and the patient has permanent work restrictions which include "carrying not to exceed 5 pounds, lifting not to exceed 5 pounds, push/pull not to exceed 5 pounds, and reaching below shoulder only." It appears that this is the initial request for this medication. Terocin patches are dermal patches with 4% lidocaine, 4% menthol. MTUS Guidelines page 57 states, "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line treatment (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica)." Page 112 also states, "Lidocaine indication: Neuropathic pain. Recommended for localized peripheral pain." In reading ODG Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use, and outcome documented for function and pain. The patient has a limited right shoulder range of motion and is diagnosed with rotator cuff injury, adhesive capsulitis, carpal tunnel syndrome, and chronic pain syndrome. It appears that this is the initial request for this medication. In this case, the patient does not present with peripheral localized neuropathic pain. Therefore, the requested Terocin patch is not medically necessary.