

Case Number:	CM15-0077469		
Date Assigned:	04/28/2015	Date of Injury:	12/08/2002
Decision Date:	06/03/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/22/2015

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, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 53-year-old, female who sustained a work related injury on 12/8/02. The diagnoses have included right and left carpal sprain/strain and right and left carpal tunnel syndrome. The treatments have included right carpal tunnel surgery, left carpal tunnel surgery, oral medications, topical creams, including and Terocin patches. In the PR-2 dated 1/8/15, the injured worker complains of constant, dull, achy, sharp, burning and shooting pain in right wrist that travels. He rates this pain a 7/10. He complains of constant, sharp and throbbing left wrist pain that travels. He rates this pain a 7/10. He complains of constant, sharp and throbbing left hand that travels. He rates this 6/10. The treatment plan is requests for two topical creams and for Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/ Amitriptyline 10%/ Dextromethorphan 10% mediderm base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation J Pain Res. 2011: 4: 11-24 Topical preparations for pain relief.

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

Decision rationale: The injured worker sustained a work related injury on 12/8/02. The medical records provided indicate the diagnosis of right and left carpal sprain/strain and right and left carpal tunnel syndrome. The treatments have included right carpal tunnel surgery, left carpal tunnel surgery, oral medications, topical creams, including and Terocin patches. The medical records provided for review do not indicate a medical necessity for Gabapentin 10%/ Amitriptyline 10%/ Dextromethorphan 10% mediderm base. The topical analgesics are largely experimental drugs primarily recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. None of the agents in this compounded topical analgesic is recommended.

Flurbiprofen 20%/ Baclofen 10%/ Dextromethorphan 2% cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation J Pain Res. 2011; 4: 11-24 Topical preparations for pain relief.

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

Decision rationale: The injured worker sustained a work related injury on 12/8/02. The medical records provided indicate the diagnosis of right and left carpal sprain/strain and right and left carpal tunnel syndrome. The treatments have included right carpal tunnel surgery, left carpal tunnel surgery, oral medications, topical creams, including and Terocin patches. The medical records provided for review do not indicate a medical necessity for Flurbiprofen 20%/ Baclofen 10%/ Dextromethorphan 2% cream base. The topical analgesics are largely experimental drugs primarily recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. None of the agents in this compounded topical analgesic is recommended.

Terocin patch Qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 111-113, 105.

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

Decision rationale: The injured worker sustained a work related injury on 12/8/02. The medical records provided indicate the diagnosis of right and left carpal sprain/strain and right and left carpal tunnel syndrome. The treatments have included right carpal tunnel surgery, left carpal tunnel surgery, oral medications, topical creams, including and Terocin patches. The medical

records provided for review do not indicate a medical necessity for Terocin patch Qty: 30 is a topical analgesic. The topical analgesics are largely experimental drugs primarily recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. None of the agents in this compounded topical analgesic is recommended. Terocin contains Methyl Salicylate 25%; Capsaicin 0.025%; and Lidocaine 2.50%. Neither Capsaicin nor Lidocaine 2.5% is recommended.