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| Case Number: | CM15-0077845 | | |
| Date Assigned: | 04/29/2015 | Date of Injury: | 06/29/2012 |
| Decision Date: | 06/01/2015 | UR Denial Date: | 03/31/2015 |
| Priority: | Standard | Application Received: | 04/23/2015 |

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, North Carolina
Certification(s)/Specialty: Family Practice

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 59 year old male, who sustained an industrial injury on 06/29/2012. According to a progress report signed on 02/23/2015 with an exam date of 01/21/2015, the injured worker complained of constant neck pain radiating to the bilateral upper extremities with numbness and tingling, constant left shoulder pain and left elbow pain. Neck pain was rated 3 on a scale of 1-10. Shoulder pain was rated 7 and elbow pain was rated 4. Diagnoses included cervical radiculopathy, cervical disc protrusion, left shoulder osteoarthritis, left shoulder adhesive capsulitis, status post left shoulder surgery on 12/12/2013 and left elbow strain/sprain. Treatment plan included cardio respiratory testing, pulmonary functioning testing and Terocin patches, Calypxo cream, Theramine, Sentra, Gabadone, Gericin, Somnicin and topical compound creams. The injured worker was currently waiting authorization to undergo manipulation under anesthesia for his ongoing left shoulder pain. Continuation of his home exercise program was recommended. Currently under review is the retrospective request for Terocin pain patch and Calypxo 2 percent cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: unknown) Calyxo 2 percent cream #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This is a retrospective request for Calypso cream, used as a topical analgesic for chronic pain. Calypso contains methyl salicylate and menthol. According to MTUS guidelines, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Neither methyl salicylate or menthol are recommended, therefore the request for Calypso cream is not medically necessary.

Retrospective (DOS: unknown) for Terocin pain patch #20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The retrospective request is for Terocin patches used as a topical analgesic for chronic pain. The MTUS states regarding topical analgesics that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." In addition, "Any compounded product that contains at least one drug that is not recommended is not recommended." Terocin contains lidocaine. The MTUS specifically states, other than the dermal patch, other formulations of lidocaine, whether creams, lotions or gels are not approved for neuropathic pain. Terocin also contains menthol, which provides no known therapeutic benefit and is not recommended. This request is deemed not medically necessary.