

Case Number:	CM15-0094515		
Date Assigned:	05/20/2015	Date of Injury:	09/08/2013
Decision Date:	06/22/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/15/2015

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: Arizona, California

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 55-year-old female, who sustained an industrial injury on September 8, 2013. The injured worker was diagnosed as having status post January 7, 2014 left carpal tunnel release with left chronic median mononeuropathy at the wrist. Treatment to date has included physical therapy, a functional capacity evaluation test, left carpal tunnel release January 7, 2014, electrodiagnostic testing, and medication. Currently, the injured worker complains of left hand pain with hypersensitivity to touch. The Treating Physician's report dated March 16, 2015, noted cervical extension caused neck pain. The treatment plan was noted to include the injured worker requiring twelve sessions of work hardening and Terocin patches to apply to her wrists. The physician noted that the injured worker would be able to return to her regular work upon completion of work hardening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches (4% menthol lidocaine): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Terocin patch contains .025% Capsacin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. The claimant had also used topical Methoderm and had been on Terocin for several months. Any compounded drug that is not recommended is not recommended. Long-term use of Terocin is not supported by the guidelines and therefore Terocin patches are not medically necessary.