

Case Number:	CM15-0099519		
Date Assigned:	06/02/2015	Date of Injury:	11/12/2013
Decision Date:	07/09/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/22/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59 year old female sustained an industrial injury to the left arm on 11/12/13. Previous treatment included magnetic resonance imaging, lateral epicondylar surgery (11/12/14), physical therapy, Hybrosis treatment and medications. In a progress note dated 4/16/15, the injured worker noted new numbness and tingling in her fifth and ulnar fourth digit as well as increased left elbow pain. The injured worker also complained of left arm and elbow weakness. The injured worker stated that she required Norco to maintain her normal daily activities. Physical exam was remarkable for decreased left elbow range of motion and 4/5 left hand strength. Current diagnoses included status post left lateral epicondylar surgery, probable left musculocutaneous mononeuropathy at the elbow, left elbow effusion. The treatment plan included Terocin lotion, electromyography/nerve conduction velocity test and continuing active elbow range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion, #2 bottles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Terocin lotion, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Topical 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). Additionally, it is supported only as a dermal patch. Capsaicin is Recommended only as an option in patients who have not responded or are intolerant to other treatments. Within the documentation available for review, none of the abovementioned criteria has been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Terocin lotion is not medically necessary.