MAXIMUS Federal Services

Case Number:	CM13-0015038		
Date Assigned:	09/23/2013	Date of Injury:	09/30/2009
Decision Date:	02/05/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 66 year old female with a history of injury 9/30/09. Her diagnoses includemcarpal tunnel syndrome bilaterally which was operated on 6/20/10, and persistent bilateral wrist and hand arthralgia. On a visit to provider on 6/20/13, she complains pain on a scale of 9-10/10. A request was made for Terocin and Tramadol. The record does not indicate prior visits, nor how long she has been on those meds. Utilization review (UR) on 7/30/13 denied these medications. An appeal was subsequently made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Pain Relief Lotion 4oz between 6/20/2013 and 6/20/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112, 116.

Decision rationale: Per MTUS guidelines, any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is not recommended for non neuropathic pain. T here was no superiority over placebo for chronic muscle pain. Further research is needed to recommend lidocaine for chronic neuropathic pain disorders other than

post-herpetic neuralgia. Topical lidocaine,other than lidoderm, is not indicated for neuropathic pain. Furhermore, the Food and Drug Administration (FDA) notified in 2007 of the potential hazards of topical lidocaine. Capsaicin is recommended only as an option in patients who have not responded to other treatments. The record does not show that this is the case. The records do not indicate why the terocin lotion was prescribed. Based on guidelines, the request is not certified.

60 Tablets of Tramadol ER 150mg between 6/20/2013 and 6/20/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84.

Decision rationale: The MTUS guidelines regardingTramadol indicate that a recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. The record does not indicate how long the pt has been on this medicine. Based on above, the request is not certified.