

Case Number:	CM13-0018167		
Date Assigned:	12/11/2013	Date of Injury:	04/25/1997
Decision Date:	07/30/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/29/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/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 records presented for review indicate that this 59-year-old male was reportedly injured on April 25, 1997. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated December 9, 2013, indicated that there were ongoing complaints of low back pain radiating to the lower extremities as well as cervical spine pain, left elbow pain, and right knee pain. The physical examination demonstrated tenderness to the cervical spine with decreased range of motion. There was a normal upper extremity neurological examination. There was pain over the medial aspect of the left elbow. Examination of the lumbar spine noted decreased range of motion with guarding. There was a normal lower extremity neurological examination. There was diffuse tenderness about the right knee. Previous treatment included aqua therapy. A request had been made for Terocin lotion and flurbiprofen/lidocaine and was not certified in the pre-authorization process on July 31, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF TEROGIN LOTION 120MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111 of 127.

Decision rationale: According to the MTUS Chronic Pain Guidelines, only topical analgesics which include anti-inflammatories, lidocaine, and capsaicin are recommended for usage. Terocin lotion is a combination of menthol and lidocaine and there was no evidence-based medicine which stated that menthol has any benefit. This request for Terocin lotion is not medically necessary.

PRESCRIPTION OF FLURBIPROFEN 25% - LIDOCAINE 5% OINTMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, (Effective July 18, 2009) Page(s): 111 of 127.

Decision rationale: According to the MTUS Chronic Pain Guidelines, only topical analgesics which include anti-inflammatories, lidocaine, and capsaicin are recommended for usage. However, lidocaine is only indicated for use of neuropathic pain. The injured employee did not have any neuropathic symptoms nor was there any evidence of a radiculopathy on examination. This request for a prescription of flurbiprofen 25% and lidocaine 5% ointment is not medically necessary.