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| Case Number: | CM13-0034585 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 10/25/2012 |
| Decision Date: | 02/06/2014 | UR Denial Date: | 10/03/2013 |
| Priority: | Standard | Application Received: | 10/15/2013 |

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 Occupational Medicine, and is licensed to practice in California. 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 51-year-old male with a work-related injury to the low back, shoulders and left ankle on 10/25/12. The patient has been treated with surgery, PT, Meds, Tens and corticosteroid injections. MRI of the right shoulder dated 4/8/13 revealed supraspinatus tendinosis with possible partial thickness bursal-sided tear, small fluid collection in subacromial subdeltoid bursa and mild AC osteoarthrosis. MRI of the left shoulder dated 4/9/13 revealed supraspinatus tendinosis and mild AC osteoarthrosis. PTP PR2 dated 7/11/13 reveals patient complaining of bilateral shoulder pain that is intermittent and increased with movement. Findings reveal bilateral upper extremite abduction to 120 degrees and slow but steady gait. Patient was dispensed Dendracin lotion and Medrox Patch. PTP PR2 dated 9/20/13 reveals patient has difficulty with reaching and overhead activities, limitation with pushing, pulling and lifting. Findings reveal tenderness along rotator cuff, impingement sign noted and weakness to resisted function. Plan for injection to left subacromial space for next visit. There is no evidence given in the records regarding these medications or if they have helped the patient, as they have been prescribed for several months. Meds consist of Terocin patches #30, LidoPro cream and Dendracin refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines in chapter 3, oral pharmaceuticals are the first line palliative measure. In this case, there is no evidence of intolerance to and/or failure of the first line oral analgesics so as to make a case for usage of topical agents and/or topical compounds, which, per ACOEM table 3-1 are "not recommended." Therefore, the request is non-certified. It is noted that the unfavorable ACOEM recommendation is echoed by that of the MTUS Chronic Pain Medical Treatment Guidelines, which, on page 111, deemed topical analgesics "largely experimental." Therefore, the request is non-certified.

LidoPro cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines in chapter 3, oral pharmaceuticals are the first line palliative measure. In this case, there is no evidence of intolerance to and/or failure of the first line oral analgesics so as to make a case for usage of topical agents and/or topical compounds, which, per ACOEM table 3-1 are "not recommended." Therefore, the request is non-certified. It is noted that the unfavorable ACOEM recommendation is echoed by that of the MTUS Chronic Pain Medical Treatment Guidelines, which, on page 111, deemed topical analgesics "largely experimental." Therefore, the request is non-certified.

Dendracin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines in chapter 3, oral pharmaceuticals are the first line palliative measure. In this case, there is no evidence of intolerance to and/or failure of the first line oral analgesics so as to make a case for usage of topical agents and/or topical compounds, which, per ACOEM table 3-1 are "not recommended." Therefore, the request is non-certified. It is noted that the unfavorable ACOEM recommendation is echoed by that of the MTUS Chronic Pain Medical Treatment Guidelines, which, on page 111, deemed topical analgesics "largely experimental." Therefore, the request is non-certified.