

Case Number:	CM13-0041656		
Date Assigned:	01/15/2014	Date of Injury:	04/25/2010
Decision Date:	04/30/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/14/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 patient is a 58 year old who was injured on 4/25/2010. The diagnoses are left shoulder impingement syndrome and right knee pain. The patient was on Norco, Flexeril, Topamax and Prilosec in 2012. Two right knee surgical procedures and physical therapy was completed. The medications listed on 11/19/2013 are Tramadol ER 150mg Naproxen 550mg, Lidopro cream and Terocin patch for pain. The 11/22/2013 note by [REDACTED] noted that the patient was working fulltime and managing her pain effectively with little or no medications. A Utilization Review decision was rendered on 9/30/2013 recommending non-certification for Lidopro compound 121gm/4oz, Terocin patch #20 and naproxen 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NAPROXEN 550MG TABLETS QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: The CA MTUS addressed the use of NSAIDs in the treatment of chronic pain syndrome. Chronic NSAIDs use is associated with adverse effects on the cardiovascular,

renal and gastrointestinal systems. The use of NSAIDs is recommended as a first line medication in acute injury and during periods of flare ups and exacerbation of pain. The symptoms described by the patient on 11/22/2013 is indicative of pain with minimum severity. The patient is able to work fulltime while managing the pain with minimal or no medication

PRESCRIPTION OF LIDOPRO CREAM 121 GRAMS QTY: 1.00: Upheld

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

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

Decision rationale: The CA MTUS addressed the use of topical analgesics for the treatment of neuropathic pain. The topical analgesic preparations could be utilized to treat neuropathic pain when trials of anticonvulsant and antidepressant medications have failed. The patient was diagnosed with left shoulder and right knee pain not neuropathic pain. The record does not indicate that the patient have failed treatment with anticonvulsant or antidepressant medications. The pain was described as mild to moderate in severity. The LidoPro preparation contains lidocaine 4.5%, capsaicin 0.0325%, salicylate 27.5% and menthol 10%. The guideline recommends that topical medications be tried and evaluated individually for efficacy. There is no FDA approved indication for the use of menthol in the treatment of joint pain.

PRESCRIPTION OF TEROGIN PATCHES, QTY:20.00: Upheld

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

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

Decision rationale: The CA MTUS addressed the use of Terocin patch in the treatment of chronic neuropathic pain. The patient is being treated for left shoulder and right knee pain and not neuropathic pain. Topical analgesic preparation could be utilized to treat neuropathic pain when trials of anticonvulsant and antidepressant medications have failed. The Terocin patch preparation contains menthol 10%, lidocaine 2.5%, capsaicin 0.025% and methyl salicylate 25%. The guideline recommend that topical medication be tried and evaluated individually for efficacy. The Terocin patch does contain menthol which have no FDA approved indication in the treatment of joint pain. The guideline does not recommend compound products that contain substances with no FDA indication or reported proven efficacy.