MAXIMUS Federal Services

Case Number:	CM13-0042739		
Date Assigned:	12/27/2013	Date of Injury:	09/09/2011
Decision Date:	02/27/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 63-year-old female who reported an injury on 09/09/2011. The injury was noted to have occurred after typing really fast for 2 weeks. Her diagnoses are noted to include bilateral carpal tunnel syndrome status post decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Guidelines

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

Decision rationale: The Terocin patch is noted to include methyl salicylate and capsaicin. According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence determining efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Specifically, topical capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. The clinical information submitted for review fails to provide details regarding previous trials of antidepressants and anticonvulsants, or a non-response or

intolerance to other oral medications. Therefore, the request for Terocin patches is not supported by guidelines.

LidoPro Cream: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence determining efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Specifically, the guidelines state that topical lidocaine is only recommended in the formulation of a dermal patch. As the only FDA-approved product for the topical use of lidocaine is the Lidoderm patch, the request is not supported. As such, the request is non-certified.