

Case Number:	CM13-0048370		
Date Assigned:	12/27/2013	Date of Injury:	04/20/2012
Decision Date:	02/24/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/06/2013

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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 a 40-year-old female with a date of injury of April 20, 2012. The progress report dated November 19, 2013, by [REDACTED], indicates that the patient's diagnoses included right shoulder impingement, cervicgia, hypertension, and depression. The patient continues to complain of pain in the head, neck, both shoulders, both elbows, both wrists, and both hands with radiation to both arms. The pain is associated with numbness and weakness in the arms and hands. The exam findings include tenderness to palpation over the left cervical paraspinal muscles, superior trapezius, levator scapulae, and rhomboids. There is tenderness to palpation over the anterior aspect of the shoulder. The progress report dated September 19, 2013 indicates that the patient had had a trial of Elavil and Neurontin for neuropathic pain, which had failed. A request was made for the patient to receive Terocin patches with a quantity of #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) Terocin patch daily with a quantity of #30: Overturned

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

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

Decision rationale: The records indicate that the patient suffers from neuropathic pain in the bilateral upper extremities. According to the California MTUS guidelines, lidocaine may be used for neuropathic pain for localized peripheral pain after there has been evidence of a trial of first line therapy such as tricyclic or SNRI antidepressants or AED such as gabapentin or Lyrica. The records indicate that the patient has failed the trial of antidepressant medication including Elavil and Neurontin. Therefore, the request for a lidocaine patch is medically necessary and appropriate.