

Case Number:	CM13-0048382		
Date Assigned:	12/27/2013	Date of Injury:	12/15/2006
Decision Date:	03/18/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/05/2013

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 is licensed to practice in Illinois. 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 12/15/06. The patient was injured while performing repetitive hand activity as a registration clerk. The patient is diagnosed with lateral epicondylitis bilaterally, carpal tunnel syndrome bilaterally, CMC joint inflammation, trigger fingers, element of depression, weight gain, and history of diabetes. The patient was seen by [REDACTED] on 10/15/13. The patient reported increasing triggering in the thumb, first, and ring fingers on the left, as well as the thumb on the right. Physical examination revealed tenderness along the A-1 pulley of the thumb, index and ring finger on the left and thumb on the right with mild triggering. The patient also demonstrated on the carpal tunnel area bilaterally with mild Tinel's on the right and weakness with resistance bilaterally. Treatment recommendations included prescription for Terocin patch for topical relieve and Lidopro lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for 20 Terocin patches: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Therefore, the patient does not meet criteria for the requested topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Lidopro lotion: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Therefore, the patient does not meet criteria for the requested topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.