

Case Number:	CM13-0049275		
Date Assigned:	04/25/2014	Date of Injury:	02/04/2003
Decision Date:	07/07/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/07/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine, 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 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 injured worker is a 53 year old female with a date of injury of 2/4/03. The mechanism of injury was not provided within the medical records. The injured worker complained of neck and right shoulder pain. The injured worker began receiving Lidoderm patches on 1/17/13. According to the clinical note dated 4/23/13, the injured worker has completed at least 17 chiropractic sessions. The injured worker's diagnoses included cervical sprain and degenerative disc disease at C5-C7, AC joint inflammation, and bilateral carpal tunnel syndrome. The injured worker's medication regimen included ibuprofen and Lidoderm patches.

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; CAPSAICIN, TOPICAL; SALICYLATE TOPICALS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: Terocin contains lidocaine and menthol. According to the California MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain.

Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine is indicated for neuropathic pain. The MTUS guidelines note that any compounded product that contains at least one drug that is not recommended is not recommended. According to the documentation provided for review the injured worker previously utilized Lidoderm patces, but there is a lack of documentation regarding the therapeutic benefit. The rationale for the request is unclear. the medication contains at least one drug or drug class that is not recommended, the medication would not be indicated, and the request is not medically necessary.

LIDOPRO, #4 OZ CONTAINER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS; CAPSAICIN, TOPICAL; SALICYLATE TOPICALS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Lidopro contains capsaicin, lidocaine, menthol, and methyl salicylate. According to the California MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines note capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The MTUS guidelines note that any compounded product that contains at least one drug that is not recommended is not recommended. According to the documentation provided for review the injured worker previously utilized Lidoderm patches, there is a lack of documentation regarding the therapeutic benefit from the Lidoderm patches. The rationale for the use of Lidopro is unclear. As the medication contains at least one drug or drug class that is not recommended, the medication would not be indicated, and the request is not medically necessary.

2 CHIROPRACTIC SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. The intended goal of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines state that the time to produce effect is 4-6 treatments. According to the documentation provided for review the

injured worker has completed at least 17 sessions of chiropractic care. The request for additional sessions of chiropractic care would exceed the guideline recommendations. In addition, the clinical information provided for review lacks documentation of the therapeutic benefit of the previous chiropractic visits. As such, the request is not medically necessary.