MAXIMUS Federal Services

Case Number:	CM13-0049801		
Date Assigned:	12/27/2013	Date of Injury:	02/21/2002
Decision Date:	03/06/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/08/2013

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 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:

This patient reported a work related injury on 02/21/2002, specific mechanism of injury as result of strain to the lumbar spine. The patient currently presents for treatment of the following diagnoses: internal derangement of the knees bilaterally status post surgical intervention only 1 knee with meniscus tear noted in the non-operated knee, discogenic lumbar condition with scoliosis along the thoracolumbar area and radiculoplathy, element of depression and sleep, chest pain, heart ischemia, plantar fasciitis to the left, right wrist arthritis with ganglion and swelling. The clinical note dated 07/20/2013 reports the patient was seen under the care of [redacted]. Provider documents the patient has pain along his mid-back with spasms. The provider documented treatment recommendation of Neurontin, Terocin patches and LidoPro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches #20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The current request is not supported. California MTUS indicates, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents in any compound or product that contains at least 1 drug or drug class it is not recommended is not recommended. Given all the above the request for Terocin patch is not medically necessary or appropriate.

LidoPro Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The current request is not supported. California MTUS indicates, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents in any compound or product that contains at least 1 drug or drug class it is not recommended is not recommended. California MTUS does not support utilization of Lidocaine in either a cream or a gel form as a topical application. Given all the above the request for LidoPro is not medically necessary or appropriate.