

Case Number:	CM13-0055381		
Date Assigned:	12/30/2013	Date of Injury:	09/19/2011
Decision Date:	03/21/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/19/2013

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 Family Practice, 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 66-year-old male who reported an injury on 09/19/2011 due to cumulative trauma while performing normal job duties. The patient reportedly sustained an injury to the bilateral wrists, bilateral elbows, and bilateral knees. Previous treatments have included activity modifications, ice, bracing, physical therapy, and anti-inflammatory medications and a TENS unit. The patient's medication schedule included naproxen sodium, Prilosec, tramadol, Medrox patches, and Terocin lotion. The patient's most recent clinical evaluation revealed tenderness along the base of the thumb and first extensor compartment of the right hand and triggering of the thumb on the left hand. The patient's diagnoses included wrist joint inflammation, stenosis tenosynovitis of the first extensor compartment of the right hand, triggering of the left thumb. The patient's treatment plan included nerve conduction studies, thumb spica splint for the left hand due to triggering, and continuation of medications for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch #20: 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.

Decision rationale: The requested medication is a compounded agent of methyl salicylate, menthol and capsaicin. The MTUS Chronic Pain Guidelines does recommend the use of methyl salicylate and menthol to treat osteoarthritic related pain. The clinical documentation submitted for review does not provide any evidence that the patient's pain is related to osteoarthritis. Additionally, the MTUS Chronic Pain Guidelines does not recommend the use of capsaicin unless the patient has failed to respond to first line treatments. The clinical documentation does not provide any evidence that the patient has failed to respond to a trial of antidepressants or anticonvulsants to support the need for topical capsaicin. The MTUS Chronic Pain Guidelines states that any medication with at least 1 drug or drug class that is not supported by guideline recommendations is not recommended. As such, the requested Terocin patch #20 is not medically necessary or appropriate.

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.

Decision rationale: The requested medication contains capsaicin, lidocaine, menthol, and methyl salicylate. The MTUS Chronic Pain Guidelines recommend the use of menthol and methyl salicylate for the treatment of osteoarthritic pain. The clinical documentation submitted for review does not provide any evidence that the patient's pain is osteoarthritic in nature. The MTUS Chronic Pain Guidelines does not recommend the use of capsaicin unless the patient has failed to respond to other first line treatments. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to first line antidepressants or anticonvulsants in the management of chronic pain. Additionally, the MTUS Chronic Pain Guidelines do not recommend lidocaine in a cream formulation as it is not FDA approved to treat neuropathic pain. The MTUS Chronic Pain Guidelines state that any compounded medication that contains at least 1 drug or drug class that is not supported by guideline recommendations is not recommended. As such, the requested Lidopro lotion is not medically necessary or appropriate.