

Case Number:	CM13-0059152		
Date Assigned:	12/30/2013	Date of Injury:	04/01/2007
Decision Date:	05/12/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	11/29/2013

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 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 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 65 year-old female who reported an injury on 04/01/2007; the mechanism of injury was not provided within the medical records. The injured worker had a diagnosis of unspecified disc disorder. The injured worker had complaints of continued pain to her neck, bilateral shoulders and bilateral wrist and hands. The treatments to date included medications, physical therapy, a TENS unit, H-wave, chiropractic, and corticosteroid injections. The clinical note dates 11/13/2013, noted abduction of the arm was no more than 120 degrees, she had tenderness along the shoulder blades, base of the thumb and cervical spine with spasms. The physician's treatment plan included requests for 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:

LIDOPRO CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111, 28, 112.

Decision rationale: The California MTUS guidelines note topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical

analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation failed to note that the injured worker had not responded or was intolerant to other treatments. Also, the request as submitted failed to provide the frequency, dosage and quantity being requested. Therefore, the request for Lidopro cream is not medically necessary.

TEROCIN PATCHES #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): 105, 111, 112.

Decision rationale: The California MTUS guidelines recommend treatment with topical salicylates. Terocin patches are comprised of Lidocaine and Menthol. The guidelines indicate any compounded product that contains at least one drug that is not recommended would not be recommended. The lidopro cream contains lidocaine that is not recommended for topical use in any form other than Lidoderm patches, including creams, lotions, or gels. The request as submitted failed to provide the frequency of the requested medication. Therefore, the request for terocin patches # 20 is not medically necessary.