

Case Number:	CM13-0059494		
Date Assigned:	12/30/2013	Date of Injury:	08/23/2010
Decision Date:	06/03/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/02/2013

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 58-year-old who reported an injury on August 23, 2010. The mechanism of injury was not stated. Current diagnoses include CMC joint inflammation of the left thumb, stenosing tenosynovitis of the left thumb and previous triggering of the A1 pulley of the left thumb. The injured worker was evaluated on October 8, 2013. The injured worker reported 8/10 pain. Physical examination revealed slight limitation to movement of the left thumb secondary to pain. Treatment recommendations included a prescription for LidoPro cream for topical use.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCHES, TWENTY COUNT: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first-line therapy. As per the documentation submitted, there is no

evidence of a trial of first-line therapy prior to the initiation of a topical analgesic. There was also no frequency listed in the current request. The request for terocin patches, twenty count, is not medically necessary or appropriate.

LIDOPRO: Upheld

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

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

Decision rationale: The request is general and non-specific. The request also does not include a strength, frequency or quantity. The request for LidoPro is not medically necessary or appropriate.