

Case Number:	CM13-0062306		
Date Assigned:	12/30/2013	Date of Injury:	09/06/2005
Decision Date:	04/07/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/06/2013

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 Pain Medicine, and is licensed to practice in Texas and Ohio. 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 29-year-old male who reported injury on 09/06/2005. The mechanism of injury was noted to be the patient fell on his left wrist and crushed the 3 fingers on his right hand. The patient's diagnosis was noted to be lesion of the ulnar nerve. The information submitted with the requested medication was dated 11/13/2013. The documentation indicated the patient was unable to do chores around the house and had to stop school because of the mishap with his forearm. Objectively the motion of the wrist was noted to be 50% of normal and the patient was noted to have tenderness along the wrist joint where there is a stitch remaining from a TFCC ligament repair. Diagnoses were noted to include TFCC ligament tear status post repair arthroscopically with stitch abscess persistent. The treatment recommendations were noted to be topical patches and creams, as the patient was very sensitive to touch along the area of the wrist and were developing local region pain syndromes. Subsequent documentation dated 12/11/2013 revealed that the patient was sensitive and could not take much medication by mouth. The request was made for 2 topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO CREAM (STRENGTH AND QUANTITY UNKNOWN): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Salicylates, Topical Analgesics, Topical Capsaicin, Lidocaine Page(s): 105, 111, 2. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=LidoPro>.

Decision rationale: The MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments... Lidocaine... Lidoderm... No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The MTUS guidelines recommend treatment with topical salicylates. According to drugs.com, LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. Clinical documentation submitted for review failed to indicate a necessity for 2 medications with Lidocaine and capsaicin as primary ingredients. There was a lack of a documentation indicating the employee had trialed and failed antidepressants and anticonvulsants. There was a lack of documentation indicating the employee had not responded or was intolerant to other treatments. The request as submitted failed to indicate the quantity and strength of the LidoPro cream. Given the above, the request for LidoPro Cream (strength and quantity unknown) is not medically necessary.

TEROCIN PATCHES, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Salicylate, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105, 111, 28, 1. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=Terocin>

Decision rationale: The MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments... Lidocaine... Lidoderm... No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The MTUS guidelines recommend treatment with topical salicylates. According to Drugs.com, Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. Clinical documentation submitted for review failed to indicate the employee had trialed and failed antidepressants and anticonvulsants. There was a lack of documentation indicating a necessity for 2 creams or topical patches that had both Lidocaine and capsaicin. There is a lack of documentation indicating the employee was not respondent or was intolerant to other treatments. Given the above, the request for Terocin patches #40 is not medically necessary.

