

Case Number:	CM13-0062771		
Date Assigned:	12/30/2013	Date of Injury:	06/24/2009
Decision Date:	04/09/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 and Rehabilitation, and is licensed to practice in Illinois. 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 47-year-old male who reported an injury on 06/24/2009. The mechanism of injury was noted to be the patient was performing an overhead job when the bulb of a 100-pound shoring got loose and the shoring fell over the patient's right wrist from a 7-foot height, hitting the extensor and anterior aspect of the wrist/distal forearm lacerating it. The patient's diagnosis was a left ulnar fracture status post wrist or arthrotomy dorsally and capsulectomy in 02/2011 and an ulnar shortening in 10/2012 and removal of hardware of the distal ulna on 05/09/2013. The patient's medication history included Flexeril in 11/2012 and Terocin as of 06/2013. The patient had subjective complaints of pain. Objectively the patient was noted to have tenderness along the wrist joint with mild weakness in wrist flexion and extension, 5-/5 on the left. The request was made for Terocin, Flexeril, and Lidopro lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for LidoPro lotion 4 ounces apply small amounts 2-3 times a day as needed:
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 Topical Salicylate Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105, 111, 28, 112. Decision based on Non-MTUS Citation Drugs.com

Decision rationale: California MTUS indicates 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. California MTUS guidelines recommend treatment with topical salicylates. Per drugs.com, LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. Clinical documentation submitted for review failed to indicate the necessity for 2 forms of capsaicin and lidocaine. This request was concurrently being reviewed for a Terocin patch. There was a lack of documentation indicating the patient had neuropathic pain and that the patient had trialed and failed antidepressants and anticonvulsants and had not responded or was intolerant to other treatments. Given the above and the lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request for Lidopro lotion 4 ounces apply small amounts 2 to 3 times a day as needed was not medically necessary.

The request for Terocin for topical relief one patch 12 hours on and 12 hours off, #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 Chronic pain, Topical Salicylates Topical Analgesic Topical Capsaicin Lidocaine Page(s): 105, 11. Decision based on Non-MTUS Citation Drugs.com

Decision rationale: California MTUS indicates 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. California MTUS guidelines recommend treatment with topical salicylates. Per Drugs.com, Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. Clinical documentation submitted for review failed to indicate the necessity for 2 forms of capsaicin and lidocaine. This request was concurrently being reviewed for a Terocin patch. There was a lack of documentation indicating the patient had neuropathic pain and that the patient had trialed and failed antidepressants and anticonvulsants and had not responded or was intolerant to other treatments. Given the above and the lack of documentation

of exceptional factors to warrant non-adherence to guideline recommendations, the request for Lidopro lotion 4 ounces apply small amounts 2 to 3 times a day as needed was not medically necessary. Given the above, the request for Terocin for topical relief one patch 12 hours on and 12 hours off, #20 is not medically necessary.

Flexeril 7.5mg for muscle spasms, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41 and 42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: California MTUS Guidelines indicate that muscle relaxants are appropriate to be prescribed as a second-line option for short-term treatment of acute low back pain. The use should be less than 3 weeks. There should be documentation of objective functional improvement to support ongoing usage. The clinical documentation indicated the patient had been on the medication since 11/2012. There was lack of documentation of objective functional improvement. Additionally, there was lack of documentation indicating the patient had muscle spasms. Given the above, and the lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request for Flexeril 7.5 mg for muscle spasms #60 is not medically necessary.