

Case Number:	CM13-0068065		
Date Assigned:	01/03/2014	Date of Injury:	03/03/1994
Decision Date:	08/06/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/19/2013

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 Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 72-year-old male who sustained a work-related injury 10 years ago. He has been diagnosed with a sprain and strain of the shoulder and upper arm. He continues to have intermittent pain in his left shoulder, left wrist, and left hand. He taking Ultracet for his pain, and also applies LidoPro lotion to the affected areas. He has been prescribed Terosin patches in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Teroicin Patches #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 Topical Analgesics Page(s): 111.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terosin

contains menthol and lidocaine in a patch form. The MTUS guidelines further state that no other commercially approved topical formulations of lidocaine except the Lidoderm patch are indicated for neuropathic pain or any other kind of chronic pain. Therefore, the request for Terosin patch #20 is not medically necessary.