

Case Number:	CM13-0069892		
Date Assigned:	03/21/2014	Date of Injury:	01/19/2012
Decision Date:	06/12/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/23/2013

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 Pain 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 male who reported an injury on 1/19/12. The mechanism of injury was not specifically stated. Current diagnoses include status post cervical reconstruction at C4-7, rule out internal derangement of the right shoulder, carpal tunnel/double crush syndrome, right DeQuervain's, right cubital tunnel syndrome, lumbar discopathy, rule out internal derangement of the left hip, and status post left knee arthroscopic surgery. The latest physician progress report submitted for this review is documented on 1/10/14. The injured worker reported persistent pain in the right upper extremity and knee. Physical examination revealed tenderness to palpation of the cervical spine, painful cervical range of motion, tenderness at the right subacromial space and acromioclavicular joint, positive impingement and Hawkin's sign, painful range of motion of the right shoulder with weakness, tenderness at the right lateral epicondyle, positive Cozen's testing, positive Tinel's sign at the elbow, positive Tinel's and Phalen's sign at bilateral wrists, positive Finkelstein's test, dysesthesia at the radial digits, weak grip strength, tenderness to palpation of the mid to distal lumbar segments, guarded and restricted lumbar range of motion, painful range of motion of the left hip, tenderness at the left knee joint line, positive McMurray's testing, and positive patellar compression testing. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 TEROGIN PATCHES: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that 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. There is no strength or frequency listed in the current request. There is also no mention of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. As such, the request is non-certified.