

Case Number:	CM14-0005800		
Date Assigned:	06/11/2014	Date of Injury:	11/28/2007
Decision Date:	07/30/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/13/2014

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 Internal Medicine, has a subspecialty in Hospice Palliative Medicine and is licensed to practice in Pennsylvania. 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 60-year-old woman with a date of injury of 11/28/2007. An office visit note by the treating physician dated 06/19/2014 and office visit notes by the treating physician dated 08/01/2013, 09/05/2013, and 10/11/2013 described the worker was experiencing pain in the neck and both shoulders that went into the right arm, as well as numbness and tingling between the shoulder blades that went into the right shoulder area. The documented examinations consistently showed tenderness in the shoulders and neck and decreased motion in the shoulders. The submitted and reviewed documentation concluded the worker was suffering from impingement of nerves in both shoulders, persistent symptoms despite a right shoulder surgery, inflammation of a joint and tendons involving the left shoulder, and neck and upper back pain due to muscle spasms and tightness. The treatments had included right shoulder surgery to repair the torn cushion in the joint, physical therapy, chiropractic care, a neck collar and pillow, hot and cold wrap, and both oral and topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Cream 4 OZ: Upheld

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

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

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested compound contains medications from the non-steroidal anti-inflammatory drug (NSAID) (methylsalicylate 27.5%), anesthetic (lidocaine 4.5%) and general pain reliever (menthol 10% and capsaicin 0.0325%) classes. The MTUS Guidelines recommend topical lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the strength approved by the FDA. Topical capsaicin is recommended by the Guidelines at a 0.025% concentration for pain due to osteoarthritis and at a 0.075% concentration for pain due to specific types of neuropathy only in patients who have not responded to or are intolerant of other treatments. Topical menthol is not recommended by the MTUS Guidelines. Because the individual medications in the compound are not recommended by the MTUS Guidelines, the current request for four ounces of lidopro cream is not medically necessary.

Terocin Patches #20: Upheld

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

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

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested compound contains the medications 4% lidocaine, an anesthetic, and 4% menthol, a pain reliever. The MTUS Guidelines recommend topical lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. Topical menthol is not recommended by the MTUS Guidelines. An office visit note by the treating physician dated 06/19/2014 and office visit notes by treating physician dated 08/01/2013, 09/05/2013, and 10/11/2013 concluded the worker was suffering from impingement of nerves in both shoulders, persistent symptoms despite a right shoulder surgery, inflammation of a joint and tendons involving the left shoulder, and neck and upper back pain due to muscle spasms and tightness. Because the individual medications in the compound are not recommended by the MTUS Guidelines, the current request for terocin patches, #20 is not medically necessary.