

Case Number:	CM14-0006369		
Date Assigned:	02/07/2014	Date of Injury:	01/10/2011
Decision Date:	07/24/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/16/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 54-year-old female with a 1/10/11 date of injury. The mechanism of injury is not noted. In a progress report dated 12/6/13 the patient complained of constant bilateral hand pain that she rated as a 4/10. She uses topical cream and patches and avoids oral medications. She had spasms and described her experience as "lockup". The patient was asymptomatic and the range of motion of the bilateral wrists and hands was satisfactory. The diagnostic impression was carpal tunnel syndrome, right and left thumb carpometacarpal joint inflammation. The treatment to date included activity modification, medication management, physical therapy, transcutaneous electrical nerve stimulation unit. A UR decision dated 12/19/13 denied the requests for Terocin patches and LidoPro lotion. The California MTUS guidelines do not recommend topical analgesic creams or patches and are only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants, which is not documented in this case. There is also no documentation of the patient's intolerance of these or similar medications to be taken on an oral basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWENTY TEROGIN PATCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: The MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, the California MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitors anti-depressants or an anti-epileptic drug such as gabapentin or Lyrica). There is no documentation that the patient has ever been on a first-line agent. Additionally, there is no documentation as to where the patch is to be applied, how often, or the duration the patch will be left on. Furthermore, the patient is requesting Lidopro lotion, which could increase the risk of lidocaine toxicity. A specific rationale identifying why Terocin would be required in this patient despite lack of guidelines support was not identified. Therefore, the request for Twenty Terocin Patches was not medically necessary.

ONE 4 OUNCE LIDOPRO LOTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine in a topical lotion form is not recommended because the dose is not easily controlled and continued use can lead to systemic toxicity. Additionally, the patient is requesting Terocin patches, increasing the risk of toxicity. A specific rationale identifying why LidoPro would be required in this patient despite lack of guidelines support was not identified. Therefore, the request for one 4 ounce Lidopro lotion was not medically necessary.