

Case Number:	CM14-0104404		
Date Assigned:	07/30/2014	Date of Injury:	09/03/2013
Decision Date:	09/09/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas Oklahoma. 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 62-year-old male who reported an injury on 09/03/2013 due to climbing down a ladder and stepped in a pot of soup that was placed under the ladder. He slipped and twisted coming off the ladder, and injured his neck, left arm, right shoulder, right wrist and left hip. Diagnoses were scapholunate advanced collapse with a tear, and osteoarthritis of the hand. Past treatments have been epidural steroid injection to the cervical neck, physical therapy, occupational therapy, and lidocaine injection to the wrist. Diagnostic studies were MRI of the neck and MRI of the right wrist. Surgical history was not reported. Physical examination on 05/13/2014 revealed complaints of right wrist pain. The injured worker has had 5 sessions of therapy, but was unable to tolerate any additional therapy. Examination revealed tenderness over the right radio carpal joint with mild boggy synovitis. He had range of motion to approximately 30 degrees of flexion and 40 degrees of extension. X-rays revealed stage 2 scapholunate advanced collapse with near bone on bone contact between the scaphoid and the scaphoid fossa. Medications were nabumetone 750 mg 1 twice a day and lidocaine pain patch 1 every 12 hours. The treatment plan was for a splint, ice, and anti-inflammatories. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch one one every 12 hours on, 12 hours off, requested 6/17/14. Quantity not specified.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They 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. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressant or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. The guidelines do not recommend treatment for compounded medications. The injured worker's other medications were not reported. The request does not indicate a quantity for the medication. Therefore, the request for Terocin Patch one every 12 hours on, 12 hours off, requested 6/17/14 Quantity not specified. is not medically necessary.