

Case Number:	CM14-0012049		
Date Assigned:	02/21/2014	Date of Injury:	08/20/2002
Decision Date:	08/08/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/30/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, neck, and low back pain reportedly associated with an industrial injury of August 20, 2002. Thus far, the applicant has been treated with analgesic medications, attorney representation, topical compounds, Synvisc injections for knee arthritis and extensive periods of time off of work. In a Utilization Review Report dated January 23, 2014, the claims administrator denied a request for topical compounded Terocin and LidoPro. The claims administrator noted that the applicant was not working. The applicant's attorney subsequently appealed. A November 14, 2013 progress note is notable for comments that the applicant had multifocal neck, low back, and knee complaints. The applicant was now collecting social security benefits; it was stated, as well as retirement benefits. The applicant had gained 30 pounds and last worked in 2008, it was stated. The applicant was reportedly receiving help in terms of performance of household chores. The applicant was using a hot and cold wrap as well as a TENS unit. The applicant had issues with diminished grip strength. Various medications, including Naprosyn, Norco, LidoPro, Terocin, Protonix, and Flexeril were all renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO LOTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing and reportedly successful usage of multiple first-line oral pharmaceuticals, including Naprosyn and Flexeril, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compounds such as LidoPro. No rationale for ongoing usage of LidoPro was provided so as to offset the unfavorable MTUS recommendations. Therefore, the request is not medically necessary.

4 TEROGIN PATCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing and reportedly successful usage of multiple first-line oral pharmaceuticals, including Naprosyn and Flexeril, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compounds such as Terocin. No compelling rationale or medical evidence has been furnished to support usage of the same in the face of the unfavorable MTUS recommendations. Therefore, the request is not medically necessary.