

Case Number:	CM14-0015046		
Date Assigned:	02/28/2014	Date of Injury:	06/22/2000
Decision Date:	06/27/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/06/2014

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 shoulder and low back pain reportedly associated with an industrial injury of June 22, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier shoulder surgery; and topical agents. In a Utilization Review Report dated June 22, 2000, the applicant was described as currently not working and was receiving social security benefits at age 70. The claims administrator denied request for oral diclofenac, topical Terocin, and topical LidoPro. Despite the fact that the MTUS addresses the topic, ODG Guidelines were cited to deny the request for diclofenac. A February 7, 2014 progress note is notable for comments that the applicant reported persistent shoulder pain. The applicant had no history of diabetes or hypertension, it is stated. The applicant was given prescriptions for diclofenac for inflammation and Protonix for upset stomach. The applicant was not working. Permanent restrictions were renewed. In an earlier noted dated January 7, 2014, the applicant was described as reporting persistent bilateral shoulder pain. The applicant was not working and stated that he would like to continue with antiinflammatory medications. Shoulder range of motion and strengths were limited. Diclofenac, Terocin, and LidoPro were sought. The applicant was apparently using oral diclofenac, Terocin, LidoPro, Flexeril, tramadol, and Protonix on December 5, 2013. The applicant was collecting Social Security Disability benefits; it is stated on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC SODIUM 100MG #30 QUANTITY: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTIINFLAMMATORY MEDICATIONS SECTION; MTUS 9792.20F., 22

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that antiinflammatory medications such as diclofenac do represent the traditional first line of treatment for various chronic pain conditions, in this case, however, the applicant has used diclofenac on a chronic basis, for what appears to be several months, at a minimum, to several years. There has been no clear demonstration of functional improvement with ongoing diclofenac usage which would support continued usage of the same. The applicant does not appear to have returned to work. The applicant is collecting disability benefits. The attending provider has not documented any clear improvement in function affected as a result of ongoing medication usage. Therefore, the request is not medically necessary.

TEROCIN PATCH #20 QUANTITY: 20.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , CHAPTER TOPICAL ANALGESICS, 111-113

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENT MEDICINE (ACOEM), 2ND EDITION, (2004); MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 3 ORAL PHARMACEUTICALS SECTION;TOPICAL ANALGESICS TOPIC. , 47;111

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, however, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals which would support provision of topical agents such as Terocin, which are deemed "largely experimental," per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. In addition to using oral diclofenac, the applicant is also using Flexeril and tramadol, it appears, all of which, taken together, effectively obviate the need for the largely experimental Terocin patches. Therefore, the request is not medically necessary.

LIDOPRO LOTION QUANTITY (1) 4 OUNCES QUANTITY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , CHAPTER TOPICAL ANALGESICS, 111-113

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: . ACOEM PRACTICE GUIDELINES; MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , 3ORAL PHARMACEUTICALS SECTION;TOPICAL ANALGESICS TOPIC. , 47; 111

Decision rationale: Again, the MTUS Guideline in ACOEM Chapter 3, page 47, deems oral pharmaceuticals the most appropriate first-line palliative method. In this case, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including tramadol, Flexeril, and the Voltaren in question above, effectively obviate the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents such as LidoPro. Therefore, the request is not medically necessary.