

Case Number:	CM14-0024168		
Date Assigned:	06/20/2014	Date of Injury:	02/27/2012
Decision Date:	07/18/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/26/2014

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. 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 female who reported an injury on 02/27/2012 due to an unspecified mechanism of injury. On 01/22/2014 she reported constant pain at 7-8/10 in the right elbow with tingling in the arm, and 5-6/10 pain in the left elbow. Physical examination revealed right upper extremity abducts to 120 degrees, right elbow extends to 180 degrees and flexes to 160 degrees, and range of motion of the right wrist and hand were limited due to pain and stiffness. An MRI of the right wrist performed on 10/21/2013 showed dorsal intercalated segment instability. Her diagnoses included disco genic cervical condition with radiculitis along the right arm, impingement syndrome of the shoulder on the right with bicipital tendonitis, CMC joint inflammation of the right thumb, and stress depression and insomnia. She reported taking Ibuprofen for pain. The treatment plan was for Lido Pro lotion and Terocin Patches. The request for authorization form and rationale were not included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lido Pro Lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications and NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The request for Lido Pro lotion is non-certified. Per California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain. Non-dermal patch formulas are generally indicated as local anesthetics and anti-pruritics. Lidoderm is not recommended for non-neuropathic pain. There are not reports stating that the injured worker's pain is neuropathic. In addition, the frequency and location of the medication were not provided within the request. The rationale was also not stated. The documentation provided lacks the necessary information needed to warrant the request. Therefore, the request is non-certified.

Terocin Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications and NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The request for Terocin patches is non-certified. Terocin patches contain capsaicin and lidocaine. California MTUS Guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is not recommended for treating non-neuropathic pain. Capsaicin is recommended only as an option in those who have not responded or are intolerant to other treatments. There was no documentation provided stating that the injured worker was experiencing neuropathic pain or that she had utilized or was intolerant to other treatments. The request does not follow recommended guidelines. In addition, the frequency, location, and rationale for the medication were not provided. The documentation provided lacks the necessary information needed to warrant the use of Terocin patches. Given the above, the request is non-certified.