

Case Number:	CM14-0029320		
Date Assigned:	06/20/2014	Date of Injury:	06/10/2004
Decision Date:	07/28/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/07/2014

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 & Rehabilitation 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 injured worker is a 44 year-old male who reported an injury on 06/10/2004 caused by unknown mechanism. On 08/31/2011 the injured worker complained of persistent neck pain that radiates to the upper extremities with numbness and tingling. The injured worker had right shoulder, elbow and wrist pain aggravated by pulling, forward reaching, lifting, pushing and working at or above the shoulder level. Physical examination of the cervical spine revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasms. There was painful and restricted cervical range of motion, and it was noted that there was dysesthesia at the C5-C6 dermatomes. The right shoulder revealed tenderness at the right anteriorly and was positive for the impingement sign and pain with terminal motion. The right elbow and right wrist revealed a positive tinel's sign. The right elbow had tenderness at the medial epicondyle with pain at the terminal flexion. On the right wrist there was also pain with the terminal flexion. The diagnoses included bilateral carpal tunnel syndrome, right greater than the left, rule out cervical radiculitis and right shoulder impingement. The treatment plan included Methoderm Gel 120mg and Terocin Patch #10. The request for authorization was submitted on 01/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm Gel 120mg: Upheld

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

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

Decision rationale: MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended is not recommended for use. Methoderm Gel contains at least one or more drug class. The guidelines also state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains Methyl Salicylate and Menthol. Furthermore, there was no documentation provided on conservative care measures such as physical therapy or pain management, as well as no documentation on frequency, location or quantity of the ointment. As such, the request is not medically necessary.

Terocin Patch #10: Upheld

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

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

Decision rationale: MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended is not recommended for use. Terocin ointment contains Lidocaine 4% and Menthol 4%. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed ointment contains Lidocaine. Furthermore, there was no documentation provided on conservative care measures such as physical therapy, pain management or surgery. In addition, there was no documentation provided on frequency or location where the Terocin Patch would be applied. As such, the request is not medically necessary.