

Case Number:	CM14-0033702		
Date Assigned:	06/20/2014	Date of Injury:	06/07/2011
Decision Date:	07/22/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/18/2014

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 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 30-year-old male with a reported date of injury on 06/07/2011. The mechanism of injury was not provided within the documentation provided. The injured worker presented with left wrist pain rated at 8/10. According to the clinical documentation provided, the injured worker previously participated in physical therapy; the results of which were not provided within the documentation available for review. According to the clinical note dated 11/04/2013, the injured worker has undergone electromyography (EMG) studies, the results of which were not provided within the documentation available for review. The MRI (magnetic resonance imaging) of the left wrist dated 02/05/2014, revealed widening of the scapholunate articulation, and there was apparent discontinuity on the ligament of the scaphoid attachment side. In addition, no joint effusion or other osseous abnormality or derangement of supporting tendons or other ligaments was visualized. The Functional Capacity Examination dated 03/12/2014 revealed the injured worker's range of motion revealed to be limited. The documentation indicated the injured worker was not taking any pain medication at that time. The injured worker's upper extremity range of motion revealed wrist flexion to 52 degrees, extension to 50 degrees, radial deviation to 20 degrees, and ulnar deviation to 30 degrees on the right. The right upper extremity range of motion revealed flexion to 60 degrees, extension to 60 degrees, radial deviation to 20 degrees and ulnar deviation to 30 degrees. In addition, the Functional Capacity Examination revealed the injured worker demonstrated good coordination with both hands throughout placing and was able to use a tripod pinch repetitively without any difficulty or deficit noted. The injured worker demonstrated good strength and quality of movement in bilateral upper extremities throughout the test. In addition, the Functional Capacity Examination revealed the injured worker could lift 25 pounds, resulting in a medium work restriction, and the ability to work 8 hours. The injured worker's diagnosis include wrist sprain involving the radial

styloid, tenosynovitis along the 1st extensor, intersection syndrome along the distal forearm and issues with sleep and gastroesophageal reflux disease (GERD). The injured worker's medication regimen included Lidopro and Terocin patches. The Request for Authorization for LidoPro lotion 4 oz for topical use, Terocin patches #20 for pain and physical therapy six (6) sessions for the left hand was submitted on 04/22/2014. The rationale for physical therapy was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO LOTION 4 OUNCES FOR TOPICAL USE: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are recommended as an option. Although largely experimental in use with few randomized controlled trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, the MTUS guidelines state that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. Topical lidocaine, in the formulation of a dermal patch called Lidoderm has been designated for orphan status by the Food and Drug Administration (FDA) for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Lidocaine is not recommended for non-neuropathic pain. According to the clinical documentation provided for review, the injured worker has utilized LidoPro lotion prior to 11/2013. There is a lack of documentation related to the therapeutic benefit in the long term ongoing utilization of LidoPro. The documentation provided for review lacks the clinical objective findings related to the failure of first line therapy to include antidepressants or antiepileptic drugs. There was a lack of documentation related to previous clinical therapy or conservative care. In addition, the request as submitted failed to provide frequency, directions and specific site at which the LidoPro lotion was to be utilized. Therefore, the request for LidoPro lotion 4 oz for topical use is not certified.

TEROCIN PATCHES #20 FOR TOPICAL USE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 111-112.

Decision rationale: Terocin patches contain menthol and lidocaine. The California MTUS Guidelines state that topical analgesics are recommended as an option as indicated. Although largely experimental in use with few randomized controlled trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. In addition, the guidelines state that lidocaine is recommended for localized pain after there has been evidence of a trial of first line therapy. Topical lidocaine, in the formulation of a dermal patch called Lidoderm has been designated for orphan status by the Food and Drug Administration (FDA) for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. In addition the guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. According to the clinical documentation provided for review, the injured worker has utilized Terocin patches prior to 11/2013. There was a lack of documentation related to the therapeutic benefit of the ongoing utilization of Terocin patches. There is a lack of documentation related to the trials of antidepressants and anticonvulsants that have failed. In addition, there is a lack of documentation related to the previous physical therapy and conservative care. The MTUS guidelines do not recommend lidocaine except for in the form of a Lidoderm patch. In addition, the request as submitted failed to provide frequency and specific site at which the Terocin patches were to be utilized. Therefore, the request for Terocin patches #20 is not certified.

PHYSICAL THERAPY SIX (6) SESSIONS FOR THE LEFT HAND: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Guidelines recommend physical medicine as indicated. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, the MTUS guidelines recommend 8 to 10 visits over 4 week period. The clinical information provided for review indicates that the injured worker has previously undergone physical therapy; the results of which were not provided within the documentation available for review. In addition, the Functional Capacity Evaluation indicates that the injured worker may work 8 hours with the restriction of lifting capability of 25 pounds. Goal of continued physical therapy is not provided within the documentation available for review. In addition, the MTUS guidelines recommend 8 to 10 visits and the request for an additional six

physical therapy sessions exceeds the recommended the MTUS guidelines. Therefore, the request for physical therapy six (6) sessions for the left hand is not certified.