

Case Number:	CM14-0040854		
Date Assigned:	06/27/2014	Date of Injury:	06/26/2013
Decision Date:	08/19/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/04/2014

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 patient is a 58-year-old female who has submitted a claim for closed fracture of humerus status post Open Reduction Internal Fixation (ORIF) with adhesive capsulitis associated with an industrial injury date of 06/26/2013. Medical records from 09/03/2013 to 06/26/2014 were reviewed and showed that patient complained of right shoulder pain graded 4/10 with numbness in the right forearm and hand. The pain was aggravated with movement and activities. Physical examination revealed a well-healed incision scar with no tenderness upon palpation. There was limited right shoulder range of motion (ROM) due to pain and stiffness. X-ray of the right shoulder dated 09/18/2013 revealed good position with the fracture and hardware in place and healing as well. Treatment to date has included ORIF right shoulder (07/12/2013), physical therapy, home exercise program and pain medications. Utilization review dated 03/17/2014 denied the request for Terocin patches because the use of Terocin was not medically necessary. Utilization review dated 03/17/2014 denied the request for a prescription of LidoPro lotion because topical lidocaine is not recommended for non-neuropathic pain. Utilization review dated 03/17/2014 denied the request for a prescription of Benefiber because the report does not document that Benefiber is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches quantity 20: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patch Page(s): 56-57.

Decision rationale: As stated on pages 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm patches are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or an AED such as gabapentin or Lyrica). In this case, the patient was prescribed Citalopram 20mg OD since 02/25/2014 with no documentation of pain relief. Adjuvant therapy with Lidocaine patch has been established. Therefore, the request for Terocin patches, quantity 20 is medically necessary.

LidoPro lotion 4 ounces quantity 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Salicylates.

Decision rationale: LidoPro Ointment contains 4 active ingredients; Capsaicin in a 0.0325% formulation, Lidocaine in a 4.5% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 27.5% formulation. As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. ODG Pain Chapter issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where over-the-counter (OTC) topical muscle and joint pain relievers were applied. These products contain the active ingredients Menthol, Methyl Salicylate, or Capsaicin. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. In this case, the patient was prescribed LidoPro lotion since 02/25/2014. There was documentation of gastrointestinal disturbances (gastritis, heartburn, and constipation) from 02/25/2014 to 04/15/2014 with use of oral medications. Therefore, the request for LidoPro lotion 4 ounces quantity 1 is medically necessary.

Benefiber sugar free 3g/3.5g powder quantity 1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77. Decision based on Non-MTUS Citation Benefiber (<http://www.drugs.com/drug/benefiber-supplement.html>).

Decision rationale: Page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. The Benefiber supplement contains wheat dextrin, a natural soluble fiber used for treatment of constipation. In this case, the patient was prescribed Benefiber, two teaspoons TID for constipation since 02/25/2014. Patient reported constipation attributed to opioid medication use. The medical necessity was established. Therefore, the request for Benefiber sugar free 3g/3.5g powder, quantity 1 is medically necessary.