MAXIMUS Federal Services

Case Number:	CM14-0052439		
Date Assigned:	07/07/2014	Date of Injury:	04/22/2002
Decision Date:	09/16/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/21/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 male with date of injury 4/22/2002. The mechanism of injury is not stated in the available medical records. The patient has complained of bilateral shoulder, elbow, wrist and hand pain since the date of injury. He has been treated with physical therapy, TENS unit, steroid injections and medications. He has had right shoulder surgery and a right carpal tunnel release. There are no radiographic reports included for review. Objective: weak grip strength bilaterally, tenderness of the bilateral medial and lateral epicondyles with palpation, positive Tinel's sign at the bilateral wrists and elbows. Diagnoses: bilateral shoulder pain, bilateral carpal tunnel syndrome, bilateral lateral epicondylitis. Treatment plan and request: Terocin lotion, Lidopro lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches #20: Upheld

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

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

Decision rationale: This 58 year old male has complained of bilateral shoulder, elbow, wrist and hand pain since date of injury 4/22/2002. He has been treated with surgery, physical therapy, TENS unit, steroid injections and medications. The current request is for Terocin patches. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Terocin patches are not indicated as medically necessary.

Lidopro Lotion 4 oz: Upheld

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

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

Decision rationale: This 58 year old male has complained of bilateral shoulder, elbow, wrist and hand pain since the date of injury. He has been treated with surgery, physical therapy, TENS unit, steroid injections and medications. The current request is for Lidopro lotion. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Lidopro lotion is not indicated as medically necessary.