

Case Number:	CM14-0053368		
Date Assigned:	07/07/2014	Date of Injury:	09/19/2013
Decision Date:	08/08/2014	UR Denial Date:	03/28/2014
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 Anesthesiology, has a subspecialty in Pain 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:

According to the records made available for review, this is a 35-year-old female with a 9/19/13 date of injury. At the time (3/18/14) of the request for authorization for LidoPro lotion 4 ounces and Terocin patches #20, there is documentation of subjective (pain in the right wrist, numbness in all the fingers, and pain that radiates up to her right elbow) and objective (tenderness along carpal tunnel with positive Tinel's, very sensitive along the palm of the left hand as well as tenderness along the first extensor, STT joint, and CMC joint, weakness with thumb abduction secondary to pain, and pain that radiates along the ulnar nerve on the left with positive Tinel's at the wrist as well as the elbow) findings, current diagnoses (carpal tunnel syndrome status post release on 12/27/13 with persistent symptomatology as well as tenosynovitis of the A1 pulley on the right thumb), and treatment to date (medication, splinting, and physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro lotion 4 ounces: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical Page(s): 105,112,113.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome status post release on 12/27/13 with persistent symptomatology as well as tenosynovitis of the A1 pulley on the right thumb. However, Lidopro contains at least one drug (lidocaine in a lotion) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for LidoPro lotion 4 ounces is not medically necessary.

Terocin patches #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

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

Decision rationale: Terocin patch contains ingredients that include Lidocaine and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome status post release on 12/27/13 with persistent symptomatology as well as tenosynovitis of the A1 pulley on the right thumb. However, Terocin contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Terocin patches #20 is not medically necessary.