MAXIMUS Federal Services

Case Number:	CM14-0055811		
Date Assigned:	07/09/2014	Date of Injury:	09/15/2010
Decision Date:	08/07/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/25/2014

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 and Washington. 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 female with a reported date of injury on 09/15/2010. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include right shoulder sprain/strain, right carpal tunnel syndrome, right de Quervain's disease, and right wrist sprain/strain. Her previous treatments were noted to include chiropractic therapy, acupuncture, wrist brace, medications. The progress note dated 03/28/2014 revealed complaints of sharp pinching pain of the right shoulder with all overheard ranges of motion. The injured worker complained of popping and cracking sounds in the right shoulder with movements. The injured worker complained of constant, moderate dull, achy right elbow pain, with numbness and tingling. The injured worker also complained of constant, moderate, dull, achy, throbbing right wrist pain, stiffness, numbness, tingling, and weakness radiating to the right hand and fingers, with numbess, tingling and weakness. The physical examination of the bilateral shoulders were noted to be at full range of motion, however there was 2+ tenderness to palpation of the supraspinatus and trapezius. There was muscle spasms of the anterior shoulder and Speed's caused pain on the right, and Neer's caused pain on the left. The supraspinatus press caused pain on the right. The bilateral elbows ranges of motion were painful but full, however, the shoulder had full range of motion. There was 2+ tenderness to palpation of the lateral elbow and medial elbow. The bilateral wrists were noted to have full range of motion with negative Tinel's, Phalen's, and Finkelstein's. Her medications were noted to include Norco, flubiprofen/cyclobenzaprine/gabapentin, topical analgesic. The request for authorization form was not submitted within the medical records. The request for 1 prescription for Terocin patch for pain relief and a periodic urinalysis toxicologic evaluation for monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Terocin patches: Upheld

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 Topical Analgesics, pages 111-112 Page(s): 111-112.

Decision rationale: Terocin patches consist of lidocaine and menthol. The California Chronic Pain Medical Treatment Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines states topical analgesics are largely experimental in use with random controlled trials to determine efficacy for safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended. Lidocaine is indicated for neuropathic pain after there has been evidence of a trial of first line therapy (Tricyclic or SNRI, antidepressants or an AED such as gabapentin or Lyrica. Topical lidocaine, the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines do not recommend Lidoderm for non-neuropathic pain and there was only 1 trial that tested 4% lidocaine for the treatment of chronic muscle pain and the results show there was no better results with placebo. The guidelines do not recommend any formulation of lidocaine patch other than a Lidoderm patch and there is a lack of evidence regarding a trial of first line therapy such as trycyclic or SNRI antidepressants or NAED. Additionally, the request failed to provide the frequency in which this medication is to be utilized. Therefore, the request for 1 prescription for Terocin patches is not medically necessary and appropriate.

1 request for periodic UA toxicology evaluation: 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 Drug testing, page 43 Page(s): 43.

Decision rationale: The injured worker had a previous drug testing performed 06/2013. The California Chronic Pain Medical Treatment guidelines recommend drug testing as an option, using a urine drug screen to assess for the use of the presence of illegal drugs. The injured worker had a previous drug screen on 06/2013 and it has now been one year since the previous screening which is congruent with the guideline recommendations. Therefore, the request for 1 for periodic UA toxicology evaluation is medically necessary and appropriate.