

Case Number:	CM14-0085205		
Date Assigned:	07/23/2014	Date of Injury:	07/17/2012
Decision Date:	12/31/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/06/2014

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 Pain Management 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 46-year-old female who sustained an injury on 7/24/12. As per the 4/30/14 follow-up note, she presented with right lower extremity, knee to foot complaints with burning, shooting and throbbing pain rated at 4-7/10. Examination revealed antalgic gait favoring left, the objective findings were incomplete. As per the 4/24/14 report, she presented with right shoulder pain with pain radiating in to the hand, aching burning, shooting, and throbbing and rated the pain at 5/10. There were no abnormal objective findings documented. There were no diagnostic studies documented. Past surgeries included Tib/Fib ORIF and fusion of the left ankle. She is currently on Flector patch, Lyrica, Naprosyn, Norco, Terocin Lotion, and Topamax. Previous treatments included physical therapy, aquatic therapy, and injections. Terocin patches decrease the pain by 40%, pain levels decrease to 4 with the patch. Aquatic therapy has been very beneficial in decreasing the pain. Injection into the hip was 60% beneficial in decreasing the pain. Pain symptoms overall are stable on current treatment regimen. She is trying to reduce the Norco from 3 to 2/day whenever possible and has reduced Lyrica from 600 mg/day to 150 mg mg/day. She is on Naprosyn since at least 12/11/13 and it provides moderate improvement of pain. Diagnoses include rotator cuff tear arthropathy, disorder of bursa of shoulder region, reflex sympathetic dystrophy of lower extremity and fibromyositis. The request for Terocin (with Lidocaine) 2.5%-25%-0.025%-10% Lotion #2 and Naprosyn 500mg #60 x 5 Refill(s) was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin (with Lidocaine) 2.5%-25%-0.025%-10% Lotion #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded agents, topical analgesics Page(s): 111-113.

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

Decision rationale: According to the references, Terocin patches contain lidocaine and menthol. The CA MTUS state only Lidocaine in the formulation of Lidoderm patch may be considered for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topically applied lidocaine is not recommended for non-neuropathic pain. The medical records do not establish this topical patch is appropriate and medically necessary for this patient. The request of Terocin (with Lidocaine) 2.5%-25%-0.025%-10% Lotion is not medically necessary.

Naprosyn 500mg #60 x 5 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 47, 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the CA MTUS guidelines, Naproxen "NSAIDs" is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo. Long-term use of NSAIDs is not recommended due to GI and renal side effects. Therefore, the request for refill of Naprosyn 500mg #60 x 5 refills is not medically necessary.