

Case Number:	CM14-0089602		
Date Assigned:	07/30/2014	Date of Injury:	01/10/2007
Decision Date:	10/01/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	06/13/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 48-year-old gentleman was reportedly injured on January 10, 2007. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 23, 2014, indicated that there were ongoing complaints of dropping items and difficulty with sleep. The physical examination demonstrated decreased grip strength and tenderness along the tip of the middle finger. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included oral medications, topical medications, and the use of a TENS unit. A request had been made for Lidopro cream and Terocin patches and was not certified in the pre-authorization process on May 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Cream, One Container: Upheld

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

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

Decision rationale: Lidopro cream is a compound consisting of Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. According to the California Chronic Pain Medical Treatment Guidelines,

the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary, the entire product is not medically necessary. Considering this, the request for Lidopro cream is not medically necessary.

Terocin Patches #20: Upheld

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

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

Decision rationale: Terocin is a topical analgesic containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary, the entire product is not medically necessary. Considering this, the request for Terocin patches is not medically necessary.