

Case Number:	CM14-0161527		
Date Assigned:	10/07/2014	Date of Injury:	05/17/2011
Decision Date:	01/05/2015	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	10/01/2014

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. 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 39-year-old female with 5/17/11 date of injury. Records indicate that she continues to report persistent burning pain and dysethesias in the left upper extremity. Records indicate that neuropathic pain meds do not work well and the injured worker continues on Advil and Tylenol. The 8/17/14 treating physicians report indicates left hand grip 4+/5. Other physical exam findings include weakness in flexion and extension, limited shoulder range of motion, and tenderness in the biceps tendon through brachial plexus on the left. Pain scores remain moderate 5/10. Electrodiagnostic studies showed no abnormalities in the left arm. Left shoulder MRI showed very subtle subacromial bursitis. The current diagnoses are cervicalgia with left sided radiculopathy; lumbago with bilateral radiculopathy; and reactive insomnia. The utilization review report dated 9/6/14 denied the request for Terocin 4% Lidocaine Patch, #30 and Monarch Pain Cream, #2 tubes based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription Terocin 4% Lidocaine Patch, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Terocin, Lidocaine; Topical; and Topical Medications..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: The injured worker presents with persistent burning pain and dysesthesias in the left upper extremity. The request is for terocin 4% lidocaine patch #30. Terocin is a compounded medication, which includes lidocaine, capsaicin, salicylates and menthol. MTUS guidelines page 112 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." When reading the Official Disability Guidelines (ODG) guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The records indicate that injured worker has been using Terocin patches since at least 4/11/14. There is no documentation to indicate decreased pain or increased function from the use of Terocin patches as required by MTUS page 60. Therefore, this request is not medically necessary.

Monarch pain cream, #2 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Menthol.

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

Decision rationale: The injured worker presents with persistent burning pain and dysesthesias in the left upper extremity. The request is for monarch pain cream, # 2 tubes. With regards to monarch pain cream, the MTUS and Official Disability Guidelines provide limited support for compounded agents for topical application. The MTUS guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is also not recommended." Due to the limited explanation as to what the medication is and why it is being prescribed this request is not medically necessary.