

Case Number:	CM14-0180954		
Date Assigned:	11/04/2014	Date of Injury:	01/31/2003
Decision Date:	01/21/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/29/2014

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, has a subspecialty in Interventional Spine 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 patient is a 47 year old female with an injury date of 01/31/03. Based on the 06/04/14 progress report, the patient complains of pain in her hand with numbness and tingling, neck pain, and shoulder pain. She has tenderness along the cervical paraspinal muscles bilaterally, trapezius, and shoulder girdle. The 08/06/14 report indicates that the patient continues to have neck and right shoulder pain. She has spasms and a limited range of motion. She has tenderness along the rotator cuff and a positive impingement sign. The 09/03/14 report states that the patient has persistent neck pain, muscle spasms, and stiffness. She also has pain in her right upper extremity. The patient has pain with facet loading and pain along facets at C3 through C7. A 2009 MRI of the neck revealed canal stenosis at C5-C6 and C6-C7 broad-based disc bulges. The 06/02/14 MRI of the shoulder showed more than 50% partial tears of the supraspinatus. The patient's diagnoses include the following: Discogenic cervical condition with two-level disc disease, nerve studies several years ago is unremarkable, impingement syndrome of the shoulder on the right, status post two surgeries including decompression, biceps release, lysis of adhesions and manipulation under anesthesia (date of surgeries not provided). This patient has headaches and weight gain of 15 pounds, element of depression, sleep and stress related to chronic pain. The utilization review determination being challenged is dated 10/01/14. Treatment reports were provided from 02/26/14- 10/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocine patches QTY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Pain (Chronic), Lidoderm® (lidocaine patch)

Decision rationale: The patient presents with pain in her hand with numbness and tingling, shoulder pain, neck pain, muscle spasms, stiffness, and pain in her right upper extremity. Terocin patches are dermal patches with 4% lidocaine, 4% menthol. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of trial of a first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading 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 documented for pain and function. In this case, the patient complains of numbness and tingling in her hand, shoulder pain, neck pain, muscle spasms, stiffness, and pain in her right upper extremity. There is no indication of where these patches will be applied to or if they will be used for neuropathic pain. Furthermore, the patient does not present with peripheral, localized neuropathic pain. The requested Terocin patch is not medically necessary.

LidoPro Lotion 4 ounces QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams, Medication for chronic pain Page(s): 111, 60.

Decision rationale: The patient presents with pain in her hand with numbness and tingling, shoulder pain, neck pain, muscle spasms, stiffness, and pain in her right upper extremity. LidoPro lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. Regarding Topical Analgesics, MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The patient does present with numbness/tingling in her hand, shoulder pain, and neck pain but the physician does not explain how this topical is being used and with what efficacy. MTUS page 60 require recording of pain and function with medications used for chronic pain. Furthermore, salicylate is a topical NSAID and MTUS does allow it for peripheral joint arthritis/tendinitis problems. However, the patient does not present with peripheral joint problems to warrant a compound product with salicylate. In addition, MTUS guidelines do not allow any other formulation of Lidocaine other than in

patch form. In this case, guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Neither lidocaine, nor salicylate is indicated for this patient. Therefore, the requested LidoPro lotion is not medically necessary.