

Case Number:	CM15-0103995		
Date Assigned:	06/11/2015	Date of Injury:	03/22/2012
Decision Date:	07/16/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on March 22, 2012. The injured worker was diagnosed as having cervical strain/sprain, shoulder tendinitis, carpal tunnel release and left foot and ankle degeneration. Treatment to date has included surgery, magnetic resonance imaging (MRI), bone scan, electromyogram, nerve conduction study orthotics, wrist brace and medication. A progress note dated March 24, 2015 provides the injured worker complains of continued neck pain going down both arms, shoulder pain, wrist pain and weakness and left foot pain. She reports using a wrist support and wears orthotics. Physical exam notes ambulation with a limp. There is cervical, shoulder and wrist and hand tenderness. Magnetic resonance imaging (MRI) of right shoulder is suspicious for slap lesion, electromyogram reveals bilateral carpal tunnel syndrome and magnetic resonance imaging (MRI) shows degenerative cervical changes. There is a request for Terocin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin dis 4-4% day supply 10 Qty 30 refills; 00 Rx date 3/18/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Topical analgesic Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm patches.

Decision rationale: The patient presents with pain in the neck radiating to both arms, shoulders radiating to neck and back of the head, wrists radiating to forearms and elbows, and left foot.

The request is for TEROGIN DIS 4-4% DAY SUPPLY 10 QTY 30 REFILLS; 00 RX DATE 3/18/2015. The request for authorization is not provided. The patient is status-post left carpal tunnel release, 08/29/14. MRI of the right shoulder, 04/01/13, shows large slap lesion is suspected. MRI of the cervical spine, 10/17/14, shows minor degenerative changes. EMG/NCV of the upper extremities, 04/02/14, shows NCV study demonstrates prolongation of the right median motor nerve distal latency and slowing of the right median sensory conduction velocity across the wrist; EMG study reveals evidence of a moderate right carpal tunnel syndrome. Physical examination reveals diffuse tenderness of the right hand/wrist. Volar tenderness of the left wrist/hand; surgical scar; tenderness extending into the right wrist and forearm. Positive Tinel's sign and Phalen's test. Decreased sensation to the right and left small, ring, long, and index finger as well as right thumb with grip weakness. Bilateral shoulder tenderness with some weakness of the deltoid. Tenderness over the left ankle and foot. Patient's medications include Lidoderm Patch and Voltaren Gel. Per progress report dated 03/24/15, the patient is returned to modified work. MTUS guidelines page 57 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)." MTUS 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 documenting pain and function. Treater does not specifically discuss this medication. In this case, the patient has localized peripheral pain, for which topical lidocaine patch would be indicated. However, treater does not discuss how it is used and with what efficacy. Furthermore, the treater has not provided any documentation showing evidence of a trial of first-line therapy. Therefore, the request IS NOT medically necessary.