

Case Number:	CM15-0207593		
Date Assigned:	10/26/2015	Date of Injury:	07/22/2013
Decision Date:	12/08/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/22/2015

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 36-year-old male who sustained an industrial injury 07-22-13. A review of the medical records reveals the injured worker is undergoing treatment for tenosynovitis of the hand and wrist, pain in joint in the hand, and arthropathy of the hand. Medical records (09-30-15) reveal the injured worker complains of lower back and left wrist pain, rated at 4/10. The physical exam (09-30-15) reveals swelling in the left wrist joint, tenderness to palpation, as well as painful range of motion. Light sensation is decreased "over the left calf on the right and medial hand lateral hand on the left side." Prior treatment includes a right wrist ganglion cyst removal (09-08-15), wrist injections, 24 chiropractic treatments, and medications inclined Terocin patches, naproxen, LidoPro ointment, Lunesta, omeprazole, and Senokot. The original utilization review (10-12-15) non-certified the request for Terocin patches 4-4% #30, Naproxen 550mg #60, and LidoPro ointment 4.5%-27.5%-0.0325%-10% #1. The documentation supports that the injured worker has been on Terocin patches, LidoPro ointment, and Naproxen since at least 07-13-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch 4-4 percent #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: Based on the 09/30/15 progress report provided by treating physician, the patient presents with pain to left wrist and lower back pain rated at 4/10. The patient is status post left wrist dorsal ganglion cyst excision on 09/08/15. The request is for TEROGIN PATCH 4-4 PERCENT #30. RFA with the request not provided. Patient's diagnosis on 09/30/15 includes tenosynovitis of the hand and wrist, pain in joint in the hand, and arthropathy of the hand. Physical examination of the left wrist joint on 09/30/15 revealed tenderness to palpation, painful range of motion and decreased sensation to light touch. Treatment to date has included surgery, imaging studies, physical therapy, corticosteroid injections, TENS unit, home exercise program and medications. Patient's medications include Naproxen, Terocin patch, Lidopro ointment, Lunesta, Omeprazole and Senokot. Per 05/08/15 report, the patient has returned to work on modified duty. Per 09/30/15 report, the patient continues on modified-duty. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 57, Lidoderm (Lidocaine patch) section 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, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', 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. Terocin patch has been included in patient's medications, per progress reports dated 06/15/15, 08/07/15, and 09/30/15. It is not known when this medication has been initiated. Given the patient's wrist condition which is peripheral and localized, Terocin patch would appear to be indicated. However, the patient presents with hand wrist tenosynovitis and arthropathy. MTUS indicates Lidocaine patches for neuropathic pain. In addition, the patient also presents with low back pain, for which lidocaine patches are not indicated. Moreover, treater has not provided medical rationale for the request, nor indicated where the patch is applied and with what efficacy. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Naproxen Sodium 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Based on the 09/30/15 progress report provided by treating physician, the patient presents with pain to left wrist and lower back pain rated at 4/10. The patient is status post left wrist dorsal ganglion cyst excision on 09/08/15. The request is for NAPROXEN SODIUM 550MG #60. RFA with the request not provided. Patient's diagnosis on 09/30/15 includes tenosynovitis of the hand and wrist, pain in joint in the hand, and arthropathy of the hand. Physical examination of the left wrist joint on 09/30/15 revealed tenderness to palpation, painful range of motion and decreased sensation to light touch. Treatment to date has included surgery, imaging studies, physical therapy, corticosteroid injections, TENS unit, home exercise program and medications. Patient's medications include Naproxen, Terocin patch, Lidopro ointment, Lunesta, Omeprazole and Senokot. Per 05/08/15 report, the patient has returned to

work on modified duty. Per 09/30/15 report, the patient continues on modified-duty. MTUS, Anti-inflammatory medications, pg 22 states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of anti-depressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Naproxen has been included in patient' medications, per progress reports dated 06/15/15, 08/07/15, and 09/30/15. It is not known when this medication has been initiated. Per 09/30/15 report, treater states "relieving factors include medication and rest[the patient] tolerates medications well. Patient shows no evidence of developing medication dependency." This patient has been discontinued from opioid medication according to prior progress reports. The patient is post-operative, continues with pain and is working, which indicates significant functional improvement. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Lidopro Ointment 4.5%-27.5%-0.0325% 10% #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Based on the 09/30/15 progress report provided by treating physician, the patient presents with pain to left wrist and lower back pain rated at 4/10. The patient is status post left wrist dorsal ganglion cyst excision on 09/08/15. The request is for LIDOPRO OINTMENT 4.5%-27.5%-0.0325% 10% #1. RFA with the request not provided. Patient's diagnosis on 09/30/15 includes tenosynovitis of the hand and wrist, pain in joint in the hand, and arthropathy of the hand. Physical examination of the left wrist joint on 09/30/15 revealed tenderness to palpation, painful range of motion and decreased sensation to light touch. Treatment to date has included surgery, imaging studies, physical therapy, corticosteroid injections, TENS unit, home exercise program and medications. Patient's medications include Naproxen, Terocin patch, Lidopro ointment, Lunesta, Omeprazole and Senokot. Per 05/08/15 report, the patient has returned to work on modified duty. Per 09/30/15 report, the patient continues on modified-duty. MTUS, Topical Analgesics Section page 111 states: "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." In this case, treater has not provided reason for the request, nor discussed where this topical is applied and with what efficacy. Nonetheless, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form, per MTUS. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.