

Case Number:	CM15-0211640		
Date Assigned:	10/30/2015	Date of Injury:	02/04/2010
Decision Date:	12/18/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/27/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 year old female with a date of injury on 2-4-10. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome. Progress report dated 10-2-15 reports continued complaints of left shoulder and left upper extremity pain. The left shoulder pain is described as stabbing and aching mostly with activity and sleep. She has weakness and decreased range of motion. The pain is rated 6-8 out of 10. She states she is not currently taking any medication. The left arm has aching pain to the elbow with numbness and tingling radiation down to the third, fourth, and fifth finger. The arm pain is rated 5-6 out of 10. She reports weakness in both hands. Physical exam: left shoulder is tender with decreased range of motion, right upper extremity is tender at the elbow and wrist with full range of motion of elbow and wrist, left upper extremity is tender, wrist range of motion is full with full flexion of elbow. Nerve conduction study in 2010 showed mild to moderate bilateral carpal tunnel syndrome. MRI of left shoulder in 2012 showed tendinitis and AC arthritis. Treatments include: medication, bilateral carpal tunnel release, DeQuervains release, left elbow surgery 11-1-13 and therapy, left shoulder surgery in 2013. The medication list included Gabapentin, Topamax, Tramadol, Tylenol #3, Zyrtec, Cymbalta, Voltaren gel and Lyrica. The patient had received an unspecified number of acupuncture and PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches #30, dispensed 10/02/15: 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), Topical Analgesics.

Decision rationale: Request: Terocin Patches #30, dispensed 10/02/15. Terocin patches contain Menthol 4% and Lidocaine 4%. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Per the cited guidelines, "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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." Evidence of post herpetic neuralgia or diabetic neuropathy is not specified in the records provided, in this patient. Topical Lidocaine is not recommended by MTUS in such a patient. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Intolerance or lack of response of oral medications is not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is also no evidence that menthol is recommended by the CAMTUS, Chronic pain treatment guidelines. Topical menthol and Lidocaine is not recommended in this patient for this diagnosis. The medical necessity of the request for Terocin Patches #30, dispensed 10/02/15 is not fully established in this patient. Therefore, the request is not medically necessary.