

Case Number:	CM15-0044884		
Date Assigned:	03/16/2015	Date of Injury:	11/13/2010
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/09/2015

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 40-year-old male, who sustained an industrial injury on 11/16/2010. He has reported and air duct falling onto his left forearm resulting in a laceration requiring surgical repair of multiple tendons and the ulnar nerve. The diagnoses have included chronic left ulnar neuropathic pain and chronic left bicep tendon tear. Treatment to date has included medication therapy, physical therapy, and home exercise and heat therapy. Currently, the IW complains of left forearm and hand pain with hypersensitivity associated with some weakness and chronic pins and needle sensations. The physical examination from 1/21/15 documented no acute objective findings. The plan of care included continuation of topical compound cream and tapering schedule for the Gabapentin trial, along with a compression sleeve and physical therapy for a desensitization program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch, quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine Page(s): 112. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Lidoderm.

Decision rationale: Per the 02/19/15 report the patient presents with listed diagnoses that include: of s/p repair multiple forearm tendons and ulnar nerve, chronic left ulnar neuropathic pain. The RFA is not included. The 03/02/15 utilization review states the request was received 02/24/15. The patient's work status is noted to be modified work full duty. The MTUS guidelines pg 112 on topical lidocaine states, Neuropathic pain: "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 ODG guidelines, it is recommended for neuropathic pain that is localized and peripheral. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. The treating physician states the patient has discontinued Gabapentin and prefers to avoid any other oral medications that would have side effects and he is willing to trial topicals. The currently requested medication is to be applied to the forearm. In this case, the patient is just starting Terocin patch, which is indicated for this patient's localized, peripheral neuropathic pain. The request is medically necessary.

Lidopro #1 tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: Per the 02/19/15 report, the patient presents with listed diagnoses that include: of s/p repair multiple forearm tendons and ulnar nerve, chronic left ulnar neuropathic pain. The RFA is not included. The 03/02/15 utilization review states the request was received 02/24/15. The patient's work status is noted to be modified work full duty. MTUS guidelines page 112 on topical lidocaine states, "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. 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." The MTUS has the following regarding topical creams (p111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The treating physician states the patient has discontinued Gabapentin and prefers to avoid any other oral medications that would have side effects and he is willing to trial topicals. The currently requested medication is to be applied to the forearm. The patient is just starting this medication. In this case, this topical medication contains Lidocaine, and the MTUS guidelines state that Lidocaine is approved only patch form. Therefore, the current request is not recommended and, therefore, it is not medically necessary.

