

Case Number:	CM15-0050139		
Date Assigned:	03/23/2015	Date of Injury:	05/15/2013
Decision Date:	05/01/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/17/2015

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 (IW) is a 52-year-old female who sustained an industrial injury on 05/15/2013. Diagnoses include right shoulder suprapinatus and infraspinatus tendinitis with subacromial bursitis. Treatment to date has included medications, bracing, right shoulder injection, physical therapy and right shoulder surgery. Diagnostics performed to date included x-rays, electrodiagnostics and MRI. According to the Follow-Up Report dated 12/19/14, the IW reported right shoulder pain that radiates to the right elbow, forearm and wrist/hand, causing numbness and tingling in the fingers. On physical exam, there were mildly positive impingement signs. A retrospective request for Terocin patches for date of service 12/23/14 was made for right shoulder pain despite surgical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin Patch with DOS 12/23/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The patient presents with pain and weakness in her right shoulder and right upper extremity. The request is for RETROSPECTIVE REQUEST FOR TEROGIN PATCH DOS 12/23/14. Per 11/26/14 progress report, the patient is utilizing Naproxen and Tramadol. The patient is performing regular duties. None of the reports mention whether or not the patient has been utilizing this patch or its efficacy. 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 peripheralpain." 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. In this case, the patient presents with carpal tunnel syndrome for which topical lidocaine may be indicated. However, the treater does not mention how this is used and with what effectiveness. None of the reports mention this topical product. MTUS p60 require recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.