

Case Number:	CM14-0144413		
Date Assigned:	09/12/2014	Date of Injury:	06/17/2014
Decision Date:	10/10/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant was injured on 06/17/14. Terocin pain patches and Lidoderm ointment are under review. On 06/16/14, she saw [REDACTED] and she does a significant amount of data entry and had not yet had treatment. She complained of progressive right forearm pain, wrist pain, hand paresthasias, and right trapezial pain. She was not taking any medications. She was noted to have positive Tinel's and Phalen's and positive compression. She was tender over the cubital tunnel with positive Tinel's. There was significant tenderness over the radial tunnel and she had tenderness of the trapezium with a muscle knot. She was prescribed therapy, anti-inflammatories, and splints. She was prescribed Relafen. She does repetitive typing and mouse use. On 07/24/14, she saw [REDACTED] and was being treated for right carpal tunnel syndrome, cubital tunnel syndrome, radial tunnel syndrome, and trapezial trigger points. She reported shoulder pain. She also was improving gradually with therapy. She was unable to tolerate anti-inflammatories due to gastrointestinal issues and she was prescribed topical lidocaine patches and gel instead. On 08/14/14, she was given lidocaine patches and lidocaine ointment. She was advised to see [REDACTED] because she had multiple body parts involved. She denied acute trauma. She reported no adverse drug reactions in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain patch 4% #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, Table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Formulary, Topical Analgesics

Decision rationale: The history and documentation do not objectively support the request for Terocin pain patch 4% #1. The MTUS do not address topical agents but recommend acetaminophen/NSAIDs for initial pain control if needed. The ODG only recommend salicylates topically. Terocin patch contain lidocaine and menthol and it is not clear why Terocin patches and Lidocaine ointment both would be needed. There is no evidence of failure of all other first line drugs, including a trial of acetaminophen and no indication that local modalities such as ice and heat, splinting, and exercise/stretching were tried first. The claimant was described as not tolerating anti-inflammatories but her complaints are not described. The medical necessity of this request for Terocin patch 4% has not been clearly demonstrated; therefore, request is not medically necessary.

LidoPro ointment 5% #1 dispensed 7/24: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Formulary, Topical Analgesics

Decision rationale: The history and documentation do not objectively support the request for LidoPro ointment 5% #1 dispensed on 07/24/14. The MTUS do not address topical agents but recommend acetaminophen/ NSAIDs for initial pain control if needed. The ODG only recommend salicylates topically. It is not clear why Terocin patches and Lidocaine ointment both would be needed. There is no evidence of failure of all other first line drugs, including a trial of acetaminophen and no indication that local modalities such as ice and heat, splinting, and exercise/stretching were tried first. The claimant was described as not tolerating anti-inflammatories but her complaints are not described. The medical necessity of this request for Lidoderm ointment 5% has not been clearly demonstrated; therefore, request is not medically necessary.