

Case Number:	CM14-0080665		
Date Assigned:	07/18/2014	Date of Injury:	10/16/2013
Decision Date:	10/01/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/02/2014

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 Family Practice and is licensed to practice in Texas. 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 injured worker is a 50 year old female who reported injury on 10/16/2013. The mechanism of injury was not provided. Diagnoses included tenosynovitis of the third, fourth, and fifth digit flexor, right cubital tunnel syndrome, right radial tunnel syndrome, right de Quervain's tenosynovitis, and right basal joint osteoarthritis. The past treatments included injections to the right hand, and physical therapy to the shoulder and neck related to cervicalgia. An x-ray of the right hand revealed soft tissue swelling, and no other abnormalities. An EMG dated 12/09/2013, revealed no evidence of carpal tunnel, ulnar neuropathy, brachial plexopathy, or cervical radiculopathy. The progress note dated 03/13/2014 noted the injured worker complained of right hand pain to her palm and forearm, rated as a range of 3-7/10. The physical exam was hand written and very difficult to decipher. The hand surgery note, dated, 3/31/2014, noted the injured worker complained of right hand numbness and tingling in the ulnar nerve distribution, with locking and triggering of the third digit, and pain in the third fourth and fifth digit A1 pulleys. A physical exam was not documented. Medications included ibuprofen. The treatment plan requested Nabumetone 750mg #60 1 tablet twice daily and Terocin pain patch for 12hours on/12hrs off. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Terocin/Lidocaine Patch #1 DOS 03/31/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68,71-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Terocin patches contain lidocaine 600mg and menthol 600mg. The MTUS Chronic Pain Guidelines note Lidoderm patches may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, including tri-cyclic or SNRI anti-depressants or an anti-epilepsy drug such as Gabapentin or Lyrica. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The evidence based guidelines do not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. There was no documentation of a failed trial of first-line medications. Lidocaine is not recommended for topical application in any other form other than Lidoderm. As the MTUS Chronic Pain Guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Additionally, the request does not indicate the frequency at which the medication is prescribed and the site at which the patch is to be applied in order to determine the necessity of the medication. As such, the use of Terocin patches was not supported. Therefore, the request is not medically necessary.