

Case Number:	CM14-0215331		
Date Assigned:	01/02/2015	Date of Injury:	01/07/2005
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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 patient is a 67-year-old male with date of injury of 01/07/2005. The listed diagnoses from 04/03/2014 are: 1. Cervical spine disk collapse at C5-C6 with radiculopathy to the bilateral upper extremities, worse on the left. 2. Right shoulder impingement with weakness of the rotator cuff and concerns of rotator cuff tear. 3. Left shoulder impingement with weakness of the rotator cuff and concerns of rotator cuff tear. 4. Status post right carpal tunnel release from 1994 and right trigger thumb release in 2004. 5. Status post left carpal tunnel release in 1992. According to this report, the patient complains of cervical spine pain, bilateral upper extremity pain, sleep disturbance, and stress. He rates his pain 7/10 to 8/10 and describes it as sharp, shooting pain with numbness and tingling radiating from the cervical spine to the shoulders and hands, mainly in the right hand. He also reports burning sensation when lifting his left arm and some weakness. Examination shows carpal tunnel Tinel's sign is positive bilaterally. Phalen's sign is positive bilaterally. There is decreased sensation in the thumb, index, and long finger. Extensor muscle mass, flexor muscle mass palpation notes pain bilaterally in the elbows. Abnormal sensation is noted at C5-C6 on the left side. Pain was noted in the trapezial area of the bilateral shoulders. Impingement sign is positive bilaterally in the shoulders. Treatment reports from 02/13/2014 to 04/03/2014 were provided for review. The utilization review denied the request on 12/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for medication (New Terocin Lotion dispensed from 5/02/14-08/11/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine Page(s): 112.

Decision rationale: This patient presents with cervical spine and bilateral upper extremity pain. The treater is requesting PRESCRIPTION DRUG: GENERIC. The UR letter from 12/04/2014 notes that the request is for “Terocin lotion (05/02/2014 to 08/11/2014) retro. The MTUS Guidelines page 112 on topical lidocaine states “recommended for localized peripheral pain after there has been evidence of a first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designed for orphan status by the FDA for neuropathic pain”. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. None of the reports show a history of Terocin lotion use. The report making the request is missing. None of the reports mentioned Terocin lotion. In this case, the patient does not present with localized peripheral neuropathic pain and topical lidocaine is not supported in formulations other than in patch form. The current request for prescription drug: generic is not medically necessary and there is no support for Terocin lotion as indicated in the utilization review letter.