

Case Number:	CM15-0071035		
Date Assigned:	04/21/2015	Date of Injury:	02/25/2013
Decision Date:	05/28/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/14/2015

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: Texas, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 44 year old female, who sustained an industrial injury on 2/25/2013. The mechanism of injury was not noted. The injured worker was diagnosed as having pain in joint of shoulder and elbow arthroscopy. Treatment to date has included right hand surgery for carpal tunnel, physical therapy, and medications. On 1/26/2015 (most recent progress report), the injured worker complained of right upper extremity and shoulder pain, rated 10/10. She stated that medications were helping and side effects included dizziness. She reported increased pain in the right shoulder with physical therapy for the wrist. Current medications included Protonix, Fenoprofen, and Naproxen. Her work status was total temporary disability. A rationale for the requested Lidopro ointment and Terocin patch was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Ointment 4.5% - 27.5% - 0.0325% - 10% #1: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 2/25/2013. The medical records provided indicate the diagnosis of joint of shoulder and elbow arthroscopy. Treatment to date has included right hand surgery for carpal tunnel, physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for Lidopro Ointment 4.5% - 27.5% - 0.0325% - 10% #1. Lidopro Ointment is a topical analgesic containing Lidocaine, Capsacin, Menthol and methyl salicylate. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the requested treatment is not recommended because it contains menthol; and Lidocaine in a non-recommended formulation. The request is not medically necessary.

Terocin Patch 4-4% #30: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 2/25/2013. The medical records provided indicate the diagnosis of joint of shoulder and elbow arthroscopy. Treatment to date has included right hand surgery for carpal tunnel, physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for Terocin Patch 4-4% #30. Terocin Patch a topical analgesic containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the requested treatment is not medically necessary because it contains menthol; and Lidocaine in a non-recommended formulation.