

Case Number:	CM13-0029243		
Date Assigned:	03/19/2014	Date of Injury:	04/22/2009
Decision Date:	04/23/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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 Physician 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:

This is a patient with the date of injury of April 22, 2009. A utilization review determination dated September 16, 2013 recommends noncertification of Terocin patches and Lidopro lotion. A progress report dated March 20, 2014 includes subjective complaints indicating that the patient complains of right wrist, right elbow, and right knee pain. The patient states that she has benefited from Terocin patches and Lidopro lotion. The patient also uses gabapentin and Remeron. Objective examination findings identify range of motion measurements. Diagnoses include internal derangement of the knee, epicondylitis, ulnar nerve neuritis, elements of depression, sleep, anxiety, and sexual dysfunction as well as GERD. The treatment plan recommends continuing medications. The requesting physician indicates that he would like to appeal the denials for the topical medications. He states that "these measures will help provide temporary relief on a daily basis and she can take Ultracet as needed for pain." A report dated September 9, 2013 indicates that the patient has gastrointestinal discomfort associated with medication usage and continues to use omeprazole to address that issue. A note dated October 11, 2013 indicates that the patient cannot take oral anti-inflammatory medication and therefore requires the use of topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF LIDOPRO LOTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Topical Analges. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Topical Analgesics. Page(s): 112-127. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 8 C.C.R. 9792-20-9792-26 MTUS (EFFECTIVE JULY 18,2009), PAGE 112 OF127

Decision rationale: Regarding request for topical lidocaine, the Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first-line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines go on to indicate that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Within the documentation available for review, there is no indication that the employee has failed first-line therapy recommendations. Furthermore, guidelines do not support the use of topical lidocaine preparations which are not in patch form. As such, the currently requested Lidopro lotion is not medically necessary.

TEROCIN PATCHES #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines the Chronic Pain Medical Treatment Guidelines, Section Topical Ana. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Topical Analgesics. Page(s): 111-113 127..

Decision rationale: Regarding the request for Terocin, Terocin is a combination of methyl salicylate, menthol, lidocaine and capsaicin. The Chronic Pain Medical Treatment Guidelines indicate that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical non-steroidal anti-inflammatory medications, guidelines indicate that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines indicate that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines indicate that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Guidelines go on to indicate that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Within the documentation available for review, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Furthermore, topical lidocaine is not supported in non-patch formulations. Finally,

there is no indication that the employee has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Terocin is not medically necessary.