

Case Number:	CM13-0035251		
Date Assigned:	12/13/2013	Date of Injury:	06/10/2010
Decision Date:	01/30/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/16/2013

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 and Rehabilitation, and is licensed to practice in Ohio and 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 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:

The patient is a 63-year-old female who reported a work related injury on 06/10/2010. Her diagnoses include shoulder impingement syndrome with AC joint inflammation, rotator cuff strain and bicipital tendinitis bilaterally, carpal tunnel syndrome bilaterally, CMC joint inflammation bilaterally as well as STT joint inflammation, and medial and lateral epicondylitis bilaterally. The patient has complaints of pain to her right shoulder and frequent numbness in bilateral hands. The patient has access to a TENS unit and a hot and cold wrap for her shoulder, and has an elbow sleeve which is helpful. A request was made for 20 Terocin patches between 10/02/2013 and 11/01/2013, and Lido Pro lotion between 10/02/2013 and 11/01/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Terocin patches: Upheld

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

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

Decision rationale: Recent clinical documentation submitted for review stated the patient previously underwent fluoroscopy which showed no calcific lesion, as well as MRI of the right

shoulder which showed moderate to marked acromioclavicular DJD and no rotator cuff tear identified. The patient was requesting surgery to be functional. The patient stated she had persistent pain in her hands, as well as numbness and tingling in her hands. She reported that the rigid brace had been more helpful; however, hers had completely worn out. She was provided with a new rigid brace as well as hot and cold wrap for the wrist on this date. Weakness against resistance at 4+/5 was noted with shoulder abduction, flexion, and internal and external rotation. Shoulder abduction was 100 degrees on the right with a positive impingement and Hawkins' test. California Medical Treatment Guidelines for chronic pain indicate that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Terocin patch contains lidocaine 4% and menthol 4%. The California Medical Treatment Guidelines for chronic pain indicate that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy to include a tricyclic or SNRI antidepressant or an AED such as Gabapentin or Lyrica. Topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Topical lidocaine is only approved in the formulation of Lidoderm patches. Therefore, the lidocaine in Terocin is not recommended. Guidelines further indicate that there is only 1 trial that tested 4% lidocaine for treatment of chronic muscle pain, and the results showed there was no superiority over placebo. As such, the request for 20 Terocin patches between 10/2/13 and 11/1/13 is non-certified.

Lido Pro Lotion: Upheld

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

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

Decision rationale: Recent clinical documentation submitted for review stated the patient was trying to avoid oral medications. She was noted to be taking Vicodin and Cymbalta from her primary care doctor and stated she could not take anti-inflammatories and preferred not to take any other oral medications. The patient had fluoroscopy of the shoulder done in 09/2012, which showed no calcific lesion. The patient was noted to have exhausted conservative treatments and was wishing to proceed with surgery. She had cortisone injections as well as physical therapy with no response. California Chronic Pain Medical Treatment Guidelines indicate that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical capsaicin as found in Lido Pro lotion is recommended only as an option in patients who have not responded to, or are intolerant to, other treatments. California Medical Treatment Guidelines for chronic pain indicate that capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis and a 0.075% formulation was not noted to provide any further efficacy. Capsaicin cream should be considered experimental in very high doses. The patient was not noted to have been intolerant to other treatments. In addition, topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain and is also used off label for diabetic neuropathy. California Medical Treatment Guidelines indicate that no other commercially approved topical formulations of lidocaine, whether creams, lotions, or gels, are indicated for neuropathic pain. Furthermore, there

were no functional improvements noted for the patient due to the use of this medication. Therefore, the request for Lido Pro Lotion between 10/2/13 and 11/1/13 is non-certified.