MAXIMUS Federal Services

Case Number:	CM13-0052770		
Date Assigned:	12/30/2013	Date of Injury:	07/21/2011
Decision Date:	04/02/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/16/2013

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, has a subspecialty in Pain Medicine 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 a date of injury of 7/21/11. A utilization review determination dated 10/25/13 recommends non-certification of LidoPro lotion and Terocin patches. 10/16/13 progress report identifies persistent low back pain radiating down the left leg and knee pain. On exam, left knee extension is 170 and flexion is 110 with crepitation with ROM. There is lumbar paraspinal tenderness and pain with facet loading as well as muscle spasms. ROM is limited. Treatment plan includes lumbar spine MRI, Norco, Tramadol ER, Flexeril, Protonix, Trazodone, Effexor, LidoPro lotion, and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro lotion 4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29-30,111-113.

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

Decision rationale: Regarding request for LidoPro lotion, CA MTUS states that topical lidocaine is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica), and it

is only supported in the form of a dermal patch. Within the documentation available for review, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy and the request is noted to be a lotion rather than a dermal patch. In light of the above issues, the currently requested LidoPro lotion is not medically necessary.

Terocin patches #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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

Decision rationale: Regarding request for Terocin patches, CA MTUS states that topical lidocaine is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica), and it is only supported in the form of a dermal patch. Within the documentation available for review, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy. In light of the above issues, the currently requested Terocin patches are not medically necessary.