

<b>Case Number:</b>	CM13-0062349		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/07/2011
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and rehabilitation, and is licensed to practice in 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 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/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 30-year-old who reported an injury on 06/11/2011. The injury was noted to have occurred when the patient was using pallet jack and it jammed at work. The patient is diagnosed with wrist sprain, tenosynovitis along the first extensor compartment, intersection syndrome along the distal forearm, as well as issues with sleep and GERD (gastroesophageal reflux disease). The patient's symptoms are noted to include left wrist and hand pain. The patient's treatments have included surgical release of his first extensor tendon, medications, wrist injections, use of a wrist brace and thumb spica splint, use of hot and cold wraps, and a TENS (transcutaneous electrical nerve stimulation) unit. At his office visit on 11/04/2013, it was noted that the patient was not currently using any medications. A request was made for topical LidoPro lotion and Terocin patches. It was noted that the patient was avoiding oral medications.

### 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): 111.

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

**Decision rationale:** LidoPro lotion contains active ingredients capsaicin 0.0325%, lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with evidence determining efficacy or safety. They are noted to be primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In regard to compounded products, the guidelines state that if the compound contains at least 1 drug that is not recommended, the compounded product is not recommended. In regards to topical lidocaine, the Chronic Pain Medical Treatment Guidelines indicate that topical lidocaine may be recommended as an option for localized peripheral neuropathic pain following failure of a trial of a first line therapy. However, the guidelines specifically state that the only FDA approved formulation of topical lidocaine is the Lidoderm patch and no other commercially approved topical formulations of lidocaine whether creams, lotions or gels, are indicated at this time for neuropathic pain. In regards to topical capsaicin, it is noted to be only recommended as an option for patients who have not responded or are intolerant to other treatments. Additionally, the guidelines state that there have been on studies of a 0.0375% formulation of capsaicin and there is not current indication that this increase over a 0.025% formulation would provide any further benefit. The clinical information provided for review indicated that the patient was trying to avoid oral medications. However, no further details were given regarding the statement. The patient was noted to not have any allergies to medications. The documentation also failed to show evidence that the patient has tried and failed antidepressants and anticonvulsants for neuropathic pain. The request for Lidopro lotion, 4 ounces, is not medically necessary or appropriate.

**TEROCIN PATCHES, 20 COUNT, FOR TOPICAL RELIEF:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

**Decision rationale:** Terocin patches are noted to include menthol 4% and lidocaine 4%. According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with evidence determining efficacy or safety. They are noted to be primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In regard to compounded products, the guidelines state that if the compound contains at least 1 drug that is not recommended, the compounded product is not recommended. In regards to topical lidocaine, the Chronic Pain Medical Treatment Guidelines indicate that topical lidocaine may be recommended as an option for localized peripheral neuropathic pain following failure of a trial of a first line therapy. However, the guidelines specifically state that the only FDA approved formulation of topical lidocaine is the Lidoderm patch and no other commercially approved topical formulations of lidocaine whether creams, lotions or gels, are indicated at this time for neuropathic pain. The clinical information provided for review failed to provide details regarding the reason the patient is trying to avoid oral medications, and there is no history of a trial and failure of antidepressants or anticonvulsants for neuropathic pain. The request for Terocin patches, 20 count, for topical relief, is not medically necessary or appropriate.

