

<b>Case Number:</b>	CM13-0064420		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/09/2010
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, hip, knee, foot, elbow, neck, and shoulder pain reportedly associated with cumulative trauma at work first claimed on September 9, 2010. The applicant, it is incidentally noted, has also alleged derivative psychological stress; however, the psychological components of the applicant's claim have apparently been contested by the claims administrator. Thus far, the applicant has been treated with following: analgesic medications; attorney representation; adjuvant medications; muscle relaxants; topical agents; an earlier shoulder arthroscopy in March 2013; and extensive periods of time off of work. In a Utilization Review Report of December 2, 2013, the claims administrator approved a request for trazodone, denied a request for LidoPro lotion, denied a request for Terocin, and denied a request for Flexeril. The applicant's attorney subsequently appealed. A clinical progress note of December 13, 2013 is notable for comments that the applicant reports persistent knee pain, ranging from 4-8/10. The applicant is using Norco and Tramadol for pain relief, it is acknowledged along with a knee brace. The applicant is diabetic. He has electrodiagnostic evidence of both radiculopathy and superimposed diabetic polyneuropathy. The applicant states that he is depressed. He is a candidate for a total knee arthroplasty, it is stated. Wellbutrin, Terocin, and LidoPro are endorsed. The applicant's work status is not clearly stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDO PRO LOTION 4 OZ. BOTTLE WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Capsaicin Page(s): 28. Decision based on Non-MTUS Citation National Library of Medicine (NLM): LIDOPRO (capsaicin, lidocaine, menthol, and methyl salicylate) ointment, Terrain Pharmaceuticals, <http://dailymed.nlm.nih.gov/dailymed/mobile/lookup.cfm?setid=ef3f3597-94b9-4865-b805-a84b224a207e>

**Decision rationale:** As noted by the National Library of Medicine (NLM), LidoPro is an amalgam of capsaicin, lidocaine, Menthol, and methyl salicylate. One of the ingredients in the compound, however, specifically capsaicin, is considered a last-line agent, per MTUS Chronic Pain Medical Treatment Guidelines, which suggests that it only be used in individuals in whom other appropriate medications have been tried and/or failed and/or there is some evidence of intolerance to first-line treatments. In this case, however, the applicant is described as using two first-line oral pharmaceuticals, Norco and Tramadol, to good effect, effectively obviating the need for the capsaicin-containing Lidopro compound. Therefore, the request is not certified, on Independent Medical Review.

**TEROCIN PATCHES WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

**Decision rationale:** As with the request for LidoPro, the MTUS/ACOEM guidelines deem oral pharmaceuticals the most appropriate first-line palliative method. In this case, the applicant is using two such first-line oral pharmaceuticals, namely Norco and Tramadol, with reportedly good effect, effectively obviating the need for the topical Terocin patches which are, per the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Accordingly, the request is likewise not certified, on Independent Medical Review.

**FLEXERIL 7.5MG, #60 WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is "not recommended." In this case, the

applicant is using numerous other oral and topical agents, including Norco and Tramadol. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not certified, on Independent Medical Review.