

<b>Case Number:</b>	CM13-0072469		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	01/07/2005
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 68-year-old female who reported an injury on 01/07/2005 due to cumulative trauma as a result of working long term as a bus driver. Diagnoses included cervical degenerative disc disease, discogenic neck condition with radicular component down right upper extremity, impingement syndrome and rotator cuff tear on right side, carpal tunnel syndrome on the right, epicondylitis medially and laterally on the right side, exacerbation of right shoulder pain, rule out internal derangement, right shoulder tendonitis with reduced range of motion. Past medical treatment included medications, TENS unit, surgery, epidural injections, and physical therapy. Diagnostic testing included EMG on 02/29/2012, MRI of the right shoulder 01/31/2008, MRI of the cervical spine on 01/31/2008, EMG/NCS on 04/16/2009, 04/03/2008, and 11/08/2007 of right wrist, and MRI of the right shoulder 07/06/2005. The injured worker underwent right shoulder surgery in 03/2006. The injured worker complained of neck pain radiating from the neck down to the left arm on 12/18/2013. The injured worker rated pain at 8/10 on the pain scale down her right upper extremities. The physical examination of the right shoulder revealed movements were restricted with flexion limited to 98 degrees, extension limited to 40 degrees, and abduction limited to 88 degrees. The injured worker had a positive Hawkins test and Neer's test. The injured worker had tenderness noted in acromioclavicular joint, biceps groove, glenohumeral joint, superior aspect of right shoulder, supraspinatus and infraspinatus on palpation. Medications included Lidoderm 5% patch, Norco 10/325 mg, Terocin lotion, and Lyrica 50 mg. The treatment plan is for Lidoderm 5% patch #30. The rationale for the request was not submitted. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% Patch #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57.

**Decision rationale:** The request for Lidoderm patches 5% is not medically necessary. The injured worker complained of neck pain radiating from the neck down to the left arm on 12/18/2013. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that Lidoderm is the brand name for a Lidocaine patch produced by [REDACTED]. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epilepsy drug such as Gabapentin or this is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. There is lack of documentation the injured worker has been treated with first line therapy. There is lack of documentation the injured worker has diagnosis of herpetic neuralgia. Additionally, the request does not indicate the frequency at which the medication is prescribed and the site at which it is to be applied in order to determine the necessity of the medication. There is also no rational why the injured worker would require a topical patch versus oral medication. Given the above the request for Lidoderm patches 5% is not medically necessary.

**Terocin 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:** The request for Terocin lotion is not medically necessary. Terocin topical lotion contains Capsaicin 0.0325%, Menthol 10%, Lidocaine 4.5% and Methyl Salicylate 27.5%. The California MTUS Guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note topical salicylate is significantly better than placebo in chronic pain. Capsaicin is recommended for patients with osteoarthritis, post-herpetic neuralgia, diabetic neuropathy, and post mastectomy pain, only as an option in patients who have not responded or are intolerant to other treatments. The guidelines recommend the use of Lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epilepsy drug such as Gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical

formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is a lack of documentation indicating the injured worker has been unresponsive to or has not tolerated other treatments. There is no indication that the injured worker has been intolerant of or not responded to other treatments. The guidelines do not recommend Lidocaine in cream form for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Additionally, the request does not indicate the frequency at which the medication is prescribed and the site at which it is to be applied in order to determine the necessity of the medication. Given the above, the request for Terocin Lotion is not medically necessary.