

<b>Case Number:</b>	CM14-0004402		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	08/20/2002
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Internal 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 injured worker is a 71 year old female who reported an injury on 08/20/2002. The mechanism of injury was not provided. The clinical note dated 01/14/2014 reported the injured worker complained of constant daily neck, low back and bilateral knee pain rated at 9/10. She reportedly stated Hydrocodone decreased her pain from a 9/10 to a 2/10 which allowed her to be more functional. The physical examination revealed neck extension to 15 degrees and flexion to 25 degrees, right lower extremity extension to 180 degrees and flexion to 100 degrees, and left lower extremity extension to 180 degrees and flexion to 90 degrees. The diagnoses included internal derangement of the knees bilaterally, discogenic lumbar condition with radiculitis, and discogenic cervical condition with radiculitis associated with headaches. The treatment plan included recommendations for avoiding repetitive neck flexion, rotation and extension, and intermittent sitting, standing and walking as tolerated. The provider also recommended prescriptions of Diclofenac 100mg #30 for inflammation, Protonix 20mg #60 for stomach upset due to medication regimen, LidoPro lotion 4ounces for temporary relief as needed, and Terocin patches #20 for temporary relief as needed. The injured worker has been previously treated with Hyalgan injections, hot and cold therapies, right knee replacement surgery, a home exercise program, and medications. The request for authorization was submitted on 01/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDPRO LOTION 4OZ:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

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

**Decision rationale:** The request for Lidopro Lotion 4oz is not medically necessary. The injured worker has a history of neck, low back and bilateral knee pain. The Chronic Pain Medical Treatment Guidelines, state topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated by the FDA for neuropathic pain. The guidelines also state no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Within the clinical information, provided for review, there is a lack of documentation the injured worker has symptoms of neuropathic pain, to include numbness, tingling, decrease of sensation or radiating pain. In addition, the guidelines do not recommend lidocaine in a lotion form. Therefore, the request for Lidopro Lotion 4oz is not medically necessary.

**TEROCIN PATCHES #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

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

**Decision rationale:** The request for Terocin Patches #20 is not medically necessary. The injured worker has a history of neck, low back and bilateral knee pain. Terocin patches contain Methyl Salicylate, Capsaicin, Menthol and Lidocaine. The Chronic Pain Medical Treatment Guidelines, state topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated by the FDA for neuropathic pain. The guidelines also state no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Also, the guidelines recommend Capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The provider did not state the injured worker was intolerant or had not responded to other treatment. Additionally, the patch contains Lidocaine, which is only recommended in the topical formulation of Lidoderm. As such, the request for Terocin Patches #20 is not medically necessary.