

Case Number:	CM14-0004971		
Date Assigned:	02/05/2014	Date of Injury:	01/24/2005
Decision Date:	06/30/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/14/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 60-year-old female who has submitted a claim for discogenic cervical condition, right shoulder impingement, overuse of the right upper extremity and left shoulder, status post radiofrequency ablation and myofascial trigger point and decompression and distal clavicular excision associated with an industrial injury date of January 25, 2005. Medical records from 2013-2014 were reviewed showing the patient having persistent neck, bilateral shoulders, right elbow and right wrist pain. The pain was graded 6/10 and was aggravated by cold weather. She has daily spasms in the right had and numbness and tingling along the fingertips. The pain wakes her up at night at least twice. She has diffuse weakness in the upper extremities secondary to pain. Physical examination showed tenderness along the cervical paraspinal muscles as well as rotator cuff and biceps tendon, medial and lateral epicondyle, carpometacarpal (CMC) joint, and scaphotrapezotrapezoidal (STT) joint bilaterally. Treatment to date has included medications, physical therapy, home exercise program, hot and cold wraps, TENs unit, activity modification and shoulder surgery. Utilization review dated January 10, 2014 denied the request for LidoPro Lotion-4 ounces and Terocin patches since guidelines do not recommend topical analgesic creams or patches as they are considered highly experimental without proven efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO LOTION-4 OUNCES QTY:1.00: 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, 111-113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Salicylate

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113 state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is also not recommended. LidoPro topical ointment contains capsaicin in 0.0325%, lidocaine 4.5%, menthol 10% and methyl salicylate 27.5%. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Lidocaine is not recommended for topical applications. In this case, patient has been using Lido-Pro since November 2013. The patient claims that the topical preparation helps her during daytime because one of her pain medications, Norco, makes her too drowsy. However, there was no mention regarding the therapeutic indication for the use of this medication despite not being recommended by guidelines. LidoPro lotion has components that are not recommended for topical use. Therefore, the request for Lidopro Lotion-4 Ounces QTY:1.00 is not medically necessary.

TEROCIN PATCHES QTY:20.00: 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, 111-113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: Terocin patch contains Lidocaine and Menthol. As stated on pages 56-57 of Chronic Pain Medical Treatment Guidelines, lidocaine patch 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 AED such as Gabapentin or Lyrica). Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, patient's presentation is consistent with neuropathic pain. However, medical records submitted for review

did not indicate that she had failed a trial of first-line therapy, i.e., pregabalin, Gabapentin, etc. Therefore, the request for Terocin Patches #20 is not medically necessary.