

<b>Case Number:</b>	CM14-0008407		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 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 patient is a 50-year-old female who has submitted a claim for discogenic lumbar condition, hip strain/sprain, internal derangement of both knees, depression, anxiety, gastritis, and urinary incontinence associated with an industrial injury date of August 1, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of constant low back pain graded 6/10 in severity. Aggravating factors included stair climbing and changing position from sitting to standing. The patient denied numbness or a tingling sensation. Her pain resulted in difficulty with prolonged sitting, standing, and walking. Physical examination of the lumbar spine showed tenderness and restricted range of motion. Treatment to date has included hot and cold modalities, left hip cortisone injection, physical therapy, and medication such as ibuprofen, Terocin patch, and Lidopro lotion. A Utilization review from December 23, 2013 denied the requests for Terocin patches, #20 and Lidopro lotion 4 ounces because there was little evidence to topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MED TEROGIN PATCHES #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidocaine patch Page(s): 111-113; 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

**Decision rationale:** Terocin patch contains menthol and lidocaine. Pages 56 to 57 of the MTUS Chronic Pain Guidelines states that 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 AED such as Gabapentin or Lyrica). Regarding the Menthol component, the ODG 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, the patient preferred not to take oral medications due to a history of gastritis; hence, Terocin patch was prescribed since July 2013. She reported beneficial effects from its use. The patient has no current oral medications. However, clinical manifestations were not consistent with neuropathic pain. The patient only reported low back pain and denied symptoms of numbness and tingling sensation radiating to the lower legs. Guideline criteria were not met. Therefore, the request for Terocin patch, #20 is not medically necessary.

**LIDOPRO LOTION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate Page(s): 111-113; 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

**Decision rationale:** Lidopro is a topical ointment containing capsaicin 0.0325%, lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. The ODG 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. Topical salicylate is significantly better than placebo in chronic pain as stated in page 105 of the MTUS Chronic Pain Guidelines. Pages 111-112 of the MTUS Chronic Pain Guidelines further states that there is little to no research to support the use of lidocaine for compounded products, and lidocaine is not recommended for topical use. Furthermore, there is little to no research to support the use of capsaicin 0.0325% in topical compound formulations. In this case, the patient preferred not to take oral medications due to history of gastritis; hence, Lidopro lotion was prescribed since November 2013. She reported beneficial effects from its use. The patient has no current oral medications. However, the MTUS Chronic Pain Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Lidopro contains drug components that are not recommended for topical use. Therefore, the request for Lidopro lotion is not medically necessary.