

<b>Case Number:</b>	CM14-0103639		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/10/2002
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 53 years old female with an injury date on 10/10/2002. Based on the 02/26/2014 progress report provided by [REDACTED], the diagnoses are: 1. Discogenic lumbar condition with disc disease at L4-L5, nerve study is pending. 2. Element of anxiety and depression. 3. Knee inflammation on the left, unclear to coverage. According to this report, the patient complains of persistent low back pain, intermittent left knee pain and ankle pain. Tenderness is noted at the lumbar paraspinal muscles bilaterally, facet joints and facet loading. MRI of the lumbar spine 12/29/2013 reveals L4-L5 disc protrusion effacing the thecal sac, narrowing of the bilateral neural foramen that encroaches the left and right L4 exiting nerve roots. The patients' current medications are Gabapentin, Flexeril, Tramadol ER, Naproxen Sodium, and Protonix. There were no other significant findings noted on this report. [REDACTED] is requesting Lido Pro cream #1 and Terocin patches #20. The most recent progress report is dated 02/26/2014 and the utilization review letter in question is from 06/11/2014. [REDACTED] is the requesting provider, and provided treatment reports from 12/11/2013 to 12/11/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro cream, QTY: 1:** Upheld

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

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

**Decision rationale:** According to the 02/26/2014 report by [REDACTED] this patient presents with low back pain, intermittent left knee pain and ankle pain. The treating Physician requested Lido Pro cream #1 (0.0375% formulation of capsaicin). MTUS guidelines state "There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Therefore the request is not medically necessary.

**Terocin patches, QTY: 20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics Page(s): 56-57; 111-113.

**Decision rationale:** According to the 02/26/2014 report by [REDACTED] this patient presents with low back pain, intermittent left knee pain and ankle pain. The treating Physician requested Terocin Patches #20. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. The MTUS guidelines state that, "Lidoderm patches may be recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed." There was no mention of Terocin patches and it is unknown exactly when the patient initially started taking this medication. The report indicates the patient has L4-L5 disc protrusion without numbness and tingling of the lower extremities to indicate neuropathic pain. Lidoderm patches are not recommended for axial back pain but peripheral, localized neuropathic pain. Therefore the request is not medically necessary.