

Case Number:	CM14-0104003		
Date Assigned:	07/30/2014	Date of Injury:	11/07/2007
Decision Date:	10/17/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 62-year-old male who sustained a work related injury on 11/07/2007 as a result of an unknown mechanism of injury. Since his injury, he has had continuous complaint of neck and left arm pain that is 7-8/10 in intensity. On his Request for Authorization evaluation dated December 18, 2013, the requesting physician does not document any subjective complaints from the patient. Objectives finding include an elevated blood pressure a shoulder evaluation of 'elevation and abduction is 90 degrees', a positive Tinel's sign at the left wrist, that he is able to make a fist and has tenderness along the carpal tunnel on the left side. As part of the patient's treatment regimen is 'I will provide him with Terocin patches, 20 of them, LidoPro cream 4-ounce bottle' without delineating as to the reasoning for providing such treatment. This treatment continues for the next 7 months with the Terocin utilized for topical relief. Subsequent PR-2 equivalents document persistent neck pain, muscle spasms, stiffness and tightness, as well as left upper extremity pain with intermittent numbness and tingling. He has quite a bit of weakness. He takes his medication to be functional. Other objective findings include tenderness along the cervical paraspinal muscles bilaterally with pain along the facets at C3-C7 and along the left shoulder with weakness against resistance. Neurologically, has diminished sensation along C5-6 and C6-7 distribution along the left arm with symmetric reflexes bilaterally. In dispute is a decision for LidoPro lotion 4 oz. and Terocin patches #20 (both dispensed 05/21/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro lotion 4 oz. (dispensed 05/21/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=ef3f3597-94b9-4865-b805-a84b224a207e>

Decision rationale: LIDOPRO is capsaicin, lidocaine, menthol and methyl salicylate ointment. Topical analgesics (compounded) are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control medications of differing varieties and strengths. Because the patient does not have a documented complaint of neuropathic pain or failed antidepressant treatment trial, I find the request for the topical analgesic cream not medically necessary.

Terocin patches #20 (dispensed 05/21/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 56-57.

Decision rationale: Lidoderm, topically, may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressants or an (AED) such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is also used off-label for diabetic neuropathy. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. As specifically outlined in the CA MTUS guidelines, Lidoderm patches are FDA approved for use in treatment patients with post-herpetic neuralgia, a diagnosis not documented for this patient. I did not find within the provided medical documentation any evidence of a trial of either tri-cyclic or SNRI medication. As the guidelines have not been satisfied for authorizing this treatment, I find that it is not warranted and not medically necessary.