

<b>Case Number:</b>	CM14-0012798		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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:

This is a 35-year-old male with a 4/2/13 date of injury. The mechanism of injury was the repetitive effect of stocking in a cooler. In a 1/3/14 progress note, the patient complained of intermittent pain throughout the day in both wrists. When it hurts, it is at 8/10 on the pain scale. He denied having spasms, but has occasional numbness and tingling. This patient has a problem with swallowing pills since he was a little child. He has not been using pain medications for pain. Objective findings: blood pressure is 119/89 and pulse is 93. Range of motion of bilateral wrists and hands were satisfactory, strength in bilateral upper extremities was equal to 4-5/5. Diagnostic impression: Epicondylitis bilaterally medially and laterally, Radial tunnel bilaterally, Wrist joint inflammation bilaterally, right greater than left, Carpometacarpal joint inflammation bilaterally, Ulnar collateral ligament positive on the right for laxity, Mild tenderness along the radioulnar joints bilaterally. Treatment to date: Activity modification, physical therapy, hot and cold modalities for pain. A previous UR decision dated 1/21/14 denied the requests for LidoPro lotion. There is a note in the progress report that the patient is not tolerant of oral medication. There is no mention, however, regarding the use of an oral suspension in place of tablet or capsules for this patient. The request for Terocin patches was also denied. There is a comment that the patient is not tolerant of oral medication, but there has not been defined evidence to support the topical analgesics as compared to oral suspension medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro Lotion 4 OZ:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine in a topical lotion form is not recommended because the dose is not easily controlled and continued use can lead to systemic toxicity. Additionally, the patient is requesting Terocin patches, increasing the risk of toxicity. A specific rationale identifying why LidoPro would be required in this patient despite lack of guidelines support was not identified. Therefore, the request for one 4 ounce LidoPro Lotion 4 oz. was not medically necessary.

**Terocin Patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**Decision rationale:** The MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, California MTUS 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). There is no documentation that the patient has ever been on a first-line agent. Additionally, there is no documentation as to where the patch is to be applied, how often, or the duration the patch will be left on. Furthermore, the patient is requesting Lidopro lotion, which could increase the risk of Lidocaine toxicity. Therefore, the request for Terocin Patches was not medically necessary.