MAXIMUS Federal Services

Case Number:	CM14-0014014		
Date Assigned:	02/26/2014	Date of Injury:	01/07/2005
Decision Date:	08/04/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/03/2014

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:

This is a 68 year-old female with a 1/7/05 date of injury to her neck while working as a bus driver. In October 2013 the patient is noted to have 10/10 pain in her neck and her medications consisted of Lidoderm patches, Lyrica, Norco and Terocin lotion. The patient was seen on 12/13/13 for neck pain with radiation down the left arm, 8/10. Her pain was noted to be decreased by 80% for 4 hours with her medications and she was able to sit for 60 minutes vs. 50 minutes. The patient was on Lyrica, Terocin lotion, Norco, and Lidoderm Patches. An EMG on 2/29/12 revealed right median nerve compression at the wrist. She stated the Lidoderm patches and Terocin lotion helped to decrease her use of pills and the Lidoderm patches were helpful for her hand and shoulder. The diagnosis is shoulder pain, cervical degenerative disease with brachial neuritis, and pain in soft tissues of the limb. Treatment to date: epidural injections, medication management, TENS unit, and physical therapy. An adverse determination was received on 1/7/14 for Lidoderm patches given the request was not specific to a body part. The request for Terocin lotion was denied given there was no evidence the patient was not able to use an alternative oral medication for the same condition and this topical compound was not supported per MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCH ONE QD #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: CA 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The patient is using this medication for her hand and shoulder and there is documentation that this medication is helpful in pain reduction and results in less pill use. She is noted to be on Lyrica, a first line agent and has been chronically. She has a diagnosis of brachial neuritis and use of this medication is appropriate for her peripheral pain. Therefore, the request for Lidoderm patches is medically necessary.

TEROCIN LOTION 2.5-0.025-10% TWO TO THREE TIMES DAILY PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not recommend compound medications including lidocaine (in creams, lotion or gels), for topical applications. An online search revealed that Terocin is a Topical Pain Relief Lotion containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. In addition, CA MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. While guidelines would support a capsaicin formulation, the above compounded topical medication is not recommended. Although this medication has been used by the patient chronically and subjectively it has helped her to take less oral medication, topical lidocaine is not supported per MTUS in the forms of creams of gels. Therefore, the request for Terocin lotion is not medically necessary.