

<b>Case Number:</b>	CM14-0014941		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	01/22/2009
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 & Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 47-year-old female who reported an injury on 01/22/2009, secondary to lifting boxes. Her diagnoses include discogenic lumbar condition, shoulder impingement, bilateral lumbar radiculopathy, narcotic dependency, depression, sensory neuropathy, and central neuropathy. The injured worker underwent an anterior L4-5 and L5-S1 discectomy and fusion on 07/30/2013, as well as segmented posterior percutaneous pedicle screw and rod fixation between L4 and S1 bilaterally on 08/01/2013. According to the medical records submitted for review, the injured worker has also been treated previously with physical therapy, a TENS unit, trigger point injections, and epidural steroid injections. Her current medications were noted to include Norco, Terocin patches, LidoPro lotion, mirtazapine, tramadol, Protonix, and Effexor. It was noted that the injured worker has used Terocin and LidoPro since at least 10/29/2013. The injured worker was evaluated on 01/03/2014 and reported low back pain and lower abdominal pain radiating to the left groin with numbness and tingling. On physical examination, she was noted to have decreased lumbar range of motion, and difficulty standing on her toes and heels. It was also noted that she walked with the use of a cane. The injured worker was recommended for x-rays to evaluate for fusion status. She was also recommended for EMG studies of the lower extremities and continued pain medications. A Request for Authorization was submitted on 01/06/2014 for Norco, Terocin, LidoPro, trazodone, tramadol, Protonix, and Effexor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN PATCHES #20:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Terocin patches contain lidocaine and menthol. Lidoderm patches are the only topical formulation of lidocaine supported by the evidence-based guidelines. Additionally, the guidelines state that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. As Terocin contains at least 1 drug that is not recommended, Terocin is not supported by the evidence-based guidelines. Furthermore, it was noted that the injured worker has used Terocin since at least 10/29/2013. There is a lack of recent documented evidence to indicate quantifiable pain relief and objective functional improvement with the injured worker's use of Terocin. Therefore, it cannot be determined that the injured worker would benefit significantly from continued use of Terocin. Moreover, the request as written does not include a frequency for medication treatment, and it cannot be assumed that the requested medication has been prescribed in a safe and effective manner. As such, the request for Terocin patches #20 is not medically necessary and appropriate.

**LIDO PRO LOTION 4 OUNCES:** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** LidoPro lotion contains 0.0325% capsaicin, 4.5% lidocaine, 10% menthol, and 27.5% methyl salicylate. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines do not support formulations of capsaicin greater than 0.025%, as there have been no studies to indicate that an increase over 0.025% formulation of capsaicin would provide any further efficacy. Additionally, Lidoderm is the only topical formulation of lidocaine supported by the evidence-based guidelines. These guidelines state that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. As LidoPro is known to contain at least 2 drugs that are not recommended, LidoPro is not supported by the evidence-based guidelines. Furthermore, the medical records submitted for review indicated the injured worker has used LidoPro since at least 10/29/2013. There is a lack of recent documented evidence to indicate that the injured worker has achieved quantifiable pain relief or objective functional improvement with the use of LidoPro. Therefore, it cannot be determined that the injured worker would benefit significantly from continued use of LidoPro. Moreover, the request as written does not specify a dose or frequency, and it cannot be assumed that the medication has

been prescribed in a safe and effective manner. As such, the request for LidoPro lotion, 4 ounces, is not medically necessary and appropriate.