

Case Number:	CM14-0018606		
Date Assigned:	04/18/2014	Date of Injury:	03/11/2007
Decision Date:	07/02/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/13/2014

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 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 injured worker is a 65 year old female who reported an injury on 03/11/2007. A physical examination on 01/06/2014 documents low back, neck, left shoulder and left knee pain. The pain is rated 4/10 with the current medication regimen and she states that the pain medications used allow for walking, household chores, and self-hygiene as well as short trips to the market. The findings include tenderness along the knees bilaterally. Active range of motion bilaterally for extension is 170 degrees; flexion is 90 degrees on left and 110 degrees on right. There was tenderness along both knees and crepitation with range of motion. A MRI report is not in the documents furnished but the physical evaluation on 01/15/2014 notes MRI from 03/18/2013 showed lateral meniscectomy changes. Diagnosis of internal derangement of the left knee, status post lateral meniscectomy in 2009 and reactive depression. She received Terocin Patches and LidoPro Lotion. The injured worker participated in water therapy 5 months ago and acupuncture 8 months ago. There is not a Request for Authorization for Medical Treatment was not furnished.

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: The request for #20 Terocin Patches is not medically necessary. The injured worker has documented pain relief with use of MS Contin, Norco and Motrin. The MTUS chronic pain medical treatment guidelines do not recommend because there is no evidence to support use. The combination of lidocaine and menthol in Terocin patches are not recommended in the guidelines as there is little to no research to support the use of these agents. Therefore, the request for Terocin patches is not medically necessary.

LIDOPRO LOTION 4OZ: 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: The request for 4oz Lidopro Lotion is not medically necessary. The injured worker has documented pain relief with use of MS Contin, Norco and Motrin. The MTUS chronic pain medical treatment guidelines state that formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The submitted documents do not support neuropathic pain nor do the documents support failed trials of antidepressants and anticonvulsants. In addition, LidoPro contains 0.0325% Capsaicin. The guidelines state Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis. This dose in LidoPro exceeds the level of safety and should be considered experimental in high doses. Therefore, the request for LidoPro Lotion is not medically necessary.

RETRO: TEROGIN PATCHES, #20; 1/15/14: 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: The request for #20 Terocin Patches is not medically necessary. The injured worker has documented pain relief with use of MS Contin, Norco and Motrin. The MTUS chronic pain medical treatment guidelines do not recommend because there is no evidence to support use. The combination of lidocaine and menthol in Terocin patches are not recommended in the guidelines as there is little to no research to support the use of these agents. Therefore, the request for Terocin patches is not medically necessary.

RETRO: LIDOPRO LOTION 4OZ; 1/15/14: 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: The request for 4oz Lidopro Lotion is not medically necessary. The injured worker has documented pain relief with use of MS Contin, Norco and Motrin. The MTUS chronic pain medical treatment guidelines state that formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The submitted documents do not support neuropathic pain nor do the documents support failed trials of antidepressants and anticonvulsants. In addition, Lidopro contains 0.0325% Capsaicin. The guidelines state Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis. This dose in Lidopro exceeds the level of safety and should be considered experimental in high doses. Therefore, the request for Lidopro Lotion is not medically necessary.