

Case Number:	CM14-0019311		
Date Assigned:	04/21/2014	Date of Injury:	09/06/2001
Decision Date:	07/02/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/14/2014

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 Pain Medicine and is licensed to practice in Florida. 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 66 year old female with a reported date of injury on 09/06/2001. The injured worker is status post bilateral knee surgery. She reported pain in the bilateral knees that is associated with walking and standing. The sensation was described as soreness and tiredness with occasional spasm in the lateral part of the right knee. She denied numbness and tingling and reported that she is able to maintain daily activities. The objective findings included no acute distress, bilateral lower extremities extend to 180 degrees and flex to 120 degrees and diagnosis of internal derangement of the knees bilaterally status post arthroscopic meniscectomy bilaterally, arthritis with minimal joint space on the left. The treatment plan included hot/cold as needed, Lidopro lotion and Terocin patches. The State of California Division of Workers Compensation Request for Authorization for Medical Treatment is dated 04/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF LIDOPRO LOTION, 4 OZ: Upheld

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

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

Decision rationale: The request for 1 prescription of Lidopro Lotion, 4 oz. is not medically necessary. Lidopro contains Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. The CA MTUS Guidelines recommend topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Any compounded product containing a drug or class of drug that is not recommended is not recommended. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. It did not appear the injured worker had not responded to or was intolerant of medications. Additionally, the guidelines do not recommend Lidocaine in topical formulations other than Lidoderm. Therefore, the request is not medically necessary.

1 PRESCRIPTION OF TEROGIN PATCHES #30: Upheld

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

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

Decision rationale: The request for 1 prescription of Terocin patches #30 is not medically necessary. Terocin patch active ingredients include Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10% and Lidocaine 2.50%. The California MTUS Guidelines note the FDA does not recommend the use of lidocaine topically other than in a dermal patch such as Lidoderm. The guidelines further state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As the guidelines note other topical formulations of Lidocaine other than Lidoderm are not recommended; the requested medication would not be indicated. It did not appear the injured worker had not responded to or was intolerant of medications. Therefore, the request is not medically necessary.