

Case Number:	CM14-0134118		
Date Assigned:	08/27/2014	Date of Injury:	12/05/2006
Decision Date:	10/02/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/21/2014

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 and Rehabilitation, Pain 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:

The injured worker is a 36 year old male who reported an injury on 12/05/2006. The mechanism of injury was not specified. His diagnoses included discogenic lumbar condition and depression. The injured workers previous treatments were not reported. He had an MRI in 2010 that showed bulging at L5-S1 and nerve studies that were done twice with unremarkable results. On 08/21/2014, he reported his back pain was at a moderate level on a daily basis, however, the last several days his pain has been intense and it radiated to the right buttock and down the right leg. He admitted to frequent spasms as well as frequent numbness and tingling in the low back and right leg. The injured worker refused to perform lumbar flexion and extension due to intense pain. His medications were noted as Norco 10/325mg and Lidoderm patch 5%. The treatment plan was for Terocin patches 320 and LidoPro lotion 4 ounces #1. The rationale for request was for pain treatment. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches 320: Upheld

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

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

Decision rationale: Based on the clinical information submitted for review, the request for Terocin patches 320 is not medically necessary. As stated in California MTUS Guidelines, Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy such as a tri-cyclic or serotonin-norepinephrine reuptake inhibitor antidepressants or an anti-epileptic drug such as gabapentin or Lyrica. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The injured worker reported moderate back pain that had intensified over the past several days. He was noted to have frequent spasms along with numbness and tingling in the low back and right leg. His medications included Norco and Lidoderm patches. The guidelines indicated there must be evidence of a trial of antidepressants or an antiepileptic drug; however, the clinical documentation failed to provide such information. Furthermore, Lidoderm is the medication of choice for diabetic neuropathy, further research is needed for chronic neuropathy pain disorders. There was lack of information suggesting the injured worker suffered from diabetic neuropathy. Also, the request failed to provide information as to how the medication will be used along with the frequency. As such, the request for Terocin patches 320 is not medically necessary.

LidoPro lotion 4 ounces #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Based on the clinical information submitted for review, the request for LidoPro lotion 4 ounces #1 is not medically necessary. As stated in California MTUS Guidelines, Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy such as a tri-cyclic or serotonin-norepinephrine reuptake inhibitor antidepressants or an anti-epileptic drug such as gabapentin or Lyrica. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The injured worker reported moderate back pain that had intensified over the past several days. He was noted to have frequent spasms along with numbness and tingling in the low back and right leg. His medications included Norco and Lidoderm patches. The guidelines indicated there must be evidence of a trial of antidepressants or an antiepileptic drug; however, the clinical documentation failed to provide such information. Furthermore, Lidoderm is the medication of choice for diabetic neuropathy, further research is needed for chronic neuropathy pain disorders. There was lack of information suggesting the injured worker suffered from diabetic neuropathy. The guidelines indicate that the use of compound agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The clinical documentation failed to provide what specific ingredients are being compounded into the lotion as well as what the goal

for the injured worker can achieve with the medication. Also, the request failed to provide information as to how the medication will be used along with the frequency. As such, the request for LidoPro lotion 4 ounces #1 is not medically necessary.