

<b>Case Number:</b>	CM14-0183608		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	02/15/2006
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Interventional Spine Pain Management 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 patient is a 67 year old male with an injury date on 02/15/2006. Based on the 09/23/2014 progress report provided by the treating physician, the diagnoses are: Internal derangement of the right knee and Right shoulder impingement, rotator cuff tears secondary to fall. According to this report, the patient complains of right shoulder and right knee pain along with a left big toe fracture due to a recent fall. Exam findings show patient has tenderness along the right shoulder and right knee joint line. Shoulder ROM is limited. There were no other significant findings noted on this report. The utilization review denied the request on 10/10/14. The requesting provider provided treatment reports from 08/26/14 to 10/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro lotion 4 ounces #1:** 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 Creams Page(s): 111-113.

**Decision rationale:** According to the 09/23/2014 report by the treating physician, this patient presents with shoulder and knee pain. The provider is requesting for LidoPro lotion 4 ounces #1. LidoPro lotion contains capsaicin, Lidocaine, menthol, and methyl salicylate. Regarding Topical Analgesics, The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." MTUS states Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Therefore, this request is not medically necessary.

**Terocin patches #30:** 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 Creams Page(s): 111-113,60.

**Decision rationale:** According to the 09/23/2014 report by the treating physician, this patient presents with shoulder and knee pain. The provider is requesting for Terocin patches #30. Terocin patches are a dermal patch with 4% Lidocaine, and 4% menthol. The MTUS guidelines state that Lidocaine patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsion have failed. Review of reports indicates that the patient has shoulder and knee pain due to a fall which is peripheral and localized, but is neuropathic in nature. Furthermore, the provider does not discuss how this patch is used and with what effect. MTUS page 60 requires documentation of pain and function when medications are used for chronic pain. Therefore, this request is not medically necessary.