

Case Number:	CM14-0192159		
Date Assigned:	11/25/2014	Date of Injury:	07/31/2008
Decision Date:	01/12/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/17/2014

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 and is licensed to practice in Tennessee, North Carolina and Georgia. 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 45-year-old female with a reported date of injury of 07/31/2008. The mechanism of injury was not provided. Her diagnoses included left shoulder internal derangement, left shoulder impingement, left wrist internal derangement, left wrist pain, right wrist internal derangement, right wrist pain, left shoulder sprain/strain, bilateral repetitive upper extremity injury, a discogenic cervical condition with facet inflammation and left sided radiculopathy, left shoulder impingement, rotator cuff strain, bicipital tendonitis, frozen shoulder, anxiety disorder, depressive disorder, dependent trait disturbance, bilateral upper extremity pathology, history of Burkitt's lymphoma, inadequate social support, and Global Assessment of Function Scale at 62. Other therapies included physical therapy, injections, and activity modification. The injured worker reported difficulty sleeping and moving easily. Current medications were noted to include topical analgesics, naproxen, Protonix, and trazadone. The clinical information indicates the injured worker is currently working. Diagnostic studies included an upper EMG dated 03/2011 which was noted to be normal. On 04/11 the left wrist MRI revealed degenerative changes in the TFC; a right wrist MRI revealed diffuse inflammatory findings; and a left shoulder MRI revealed bursitis, rotator cuff tendonitis, and AC joint capsulitis. The MRI of the left shoulder dated 07/30/2014 was noted to reveal significant glenohumeral capsulitis in comparing the previous study, stable moderate cuff tendinopathy, and mild subacromial bursitis and mild AC joint capsulitis with slight thickening of the coracoacromial ligament. Other therapies were noted to include physical therapy, chiropractic treatments and acupuncture. The Request for Authorization for Terocin patches quantity 20 and LidoPro lotion 4 ounces quantity 1 was submitted on 11/17/2014. A rationale for the request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches Qty: 20.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 48; 111-113.

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

Decision rationale: The California MTUS Guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Terocin contains capsaicin and lidocaine. The guidelines state that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. Topical lidocaine, in the formulation of a dermal patch called Lidoderm has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. In addition, the guidelines recommend capsaicin as an option in patients who have not responded or are intolerant to other treatments. Furthermore, the guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The clinical information provided for review lacks documentation related to a therapeutic and functional benefit and the ongoing use of the Terocin patches. In addition, the guidelines do not recommend lidocaine outside the formulation of a Lidoderm patch. Therefore, the request for Terocin Patches Qty: 20.00 is not medically necessary.

LidoPro lotion 4 ounces Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 48; 111-113.

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical compounds are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, the guidelines also state that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. Topical lidocaine in the form of a dermal patch called Lidoderm has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The request as submitted is for LidoPro lotion. The guidelines do not recommend the use of lidocaine creams, lotions, or gels. In addition, there is lack of documentation related to the

therapeutic and functional benefit and ongoing use. Therefore, the request for LidoPro lotion 4 ounces Qty: 1.00 is not medically necessary.