

<b>Case Number:</b>	CM14-0025182		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/05/2006
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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, has a subspecialty in 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 51 year old female injured on 12/05/06 due to an undisclosed mechanism of injury. Current diagnoses include internal derangement of bilateral knees status post-surgical intervention of the right lower extremity, low platelet count, hyperglycemia, weight loss, fatty liver, and element of depression and sleep disorder. The clinical note dated 03/05/14 indicates the injured worker presented for evaluation of the bilateral knees. The injured worker reported constant pain ranging from 8/10 to 10/10 treated with over the counter pain medications as well as hot and cold modalities for temporary pain relief. The injured worker also reported frequent spasms as well as numbness and tingling in the bilateral toes. The injured worker reports increased pain in the bilateral knees when she stands longer than 10-15 minutes and walking longer than 20-30 minutes. Physical examination revealed decreased range of motion of the bilateral lower extremities. The documentation indicates the injured worker has previously undergone multiple Hyalgan injections to the right knee and a request for 5 additional injections has been submitted. The initial request for LidoPro lotion 4 oz. # 3 and Terocin Patches #30 was initially non-certified on 01/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDOPRO LOTION 4 OZ X 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Topical analgesics Page(s): 111.

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidopro is noted to contain capsaicin, lidocaine, menthol, and methyl salicylate. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Additionally, the components of this compound are readily available in an over-the-counter formulation. As such, the request for Lidopro lotion 4 oz., 3 bottles 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. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Salicylate topicals Page(s): 105.

**Decision rationale:** As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, salicylate topicals are recommended in the treatment of chronic pain. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for Terocin Patches #30 is not medically necessary.