MAXIMUS Federal Services

Case Number:	CM14-0045788		
Date Assigned:	07/02/2014	Date of Injury:	08/20/2002
Decision Date:	08/22/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/14/2014

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 Physical Medicine & Rehab 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 female who reported an injury on 08/20/2002. The injured worker's date of birth was not noted within the provided clinical information. The mechanism of injury was not specifically stated in the medical records. Her diagnoses include internal derangement of the bilateral knees, discogenic lumbar condition with radiculitis, discogenic cervical condition with radiculitis, bilateral carpal tunnel syndrome, and concussion. Her previous treatments were noted to include bilateral knee surgeries, hyalgan injections to the left knee, bilateral carpal tunnel release surgeries, pain medication, NSAIDs, Terocin patches, home exercise, and antidepressants. On 03/21/2014, the injured worker presented with complaints of pain in the bilateral knees and back. Her physical examination revealed decreased range of motion in the neck and lumbar spine. Her medications were noted to include diclofenac, Protonix, LidoPro lotion, and Terocin patches. Her treatment plan included medication refills. The documentation indicated that the injured worker utilized LidoPro lotion and Terocin patches for pain. The Request for Authorization form was not submitted with the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds x2 Terocin patches #20: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state compounded topical products that contains at least 1 drug that is not recommended is not recommended. In regards to topical lidocaine, the guidelines state that topical lidocaine is only FDA approved in the formulation of the Lidoderm patch to treat neuropathic pain, and no other commercially approved topical products such as creams or lotions are indicated. The injured worker was noted to have neuropathic pain related to lumbar and cervical radiculitis. However, the guidelines do not support the use of topical lidocaine for neuropathic pain except in the formulation of the Lidoderm patch. In addition, the documentation did not indicate why menthol, which is also included in the Terocin patch, is required in addition to lidocaine. Further, the request failed to provide a frequency of use. For the above reasons, the request is not medically necessary.

LidoPro Lotion 4 oz: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state compounded topical products that contains at least 1 drug that is not recommended is not recommended. In regards to topical Lidocaine, the guidelines state that Topical Lidocaine is only FDA approved in the formulation of the Lidoderm patch to treat neuropathic pain, and no other commercially approved topical products such as creams or lotions are indicated. In regard to capsaicin, the guidelines state that capsaicin is only recommended when other treatments were not tolerated or not effective. The clinical information submitted for review failed to provide sufficient documentation showing that the injured worker was intolerant or nonresponsive to first line treatments in order to support the use of Topical Capsaicin. In addition, the guidelines do not support the use of lidocaine other than in the formulation of Lidoderm patch. As the requested topical compound contains Capsaicin and Lidocaine, which are not recommended, the requested topical compound is also not recommended. Based on the above, the request is not medically necessary.