

<b>Case Number:</b>	CM14-0053544		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 Management and is licensed to practice in Tennessee. 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:

This 27 year old patient had a date of injury on 12/7/2012. The mechanism of injury was In a progress noted dated 3/12/2014, subjective findings included low back pain, pain In right groin as well as down right leg. On a physical exam dated ,3/12/2014, objective findings included tenderness along lumbar paraspinal muscle bilaterally. He has pain with facet loading. He has positive straight leg raise on the right to 40 degrees with decreased sensation along the L4-L5 distribution on the right. Diagnostic impression shows discogenic lumbar condition with facet inflammation and right sided radiculopathy. Treatment to date: medication therapy, behavioral modificationA UR decision dated 3/27/2014 denied the request for Lidopro Lotion (capsaicin, menthol, methyl salicylate, lidocaine) #120, stating that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety, and capsaicin are recommended only as option in patients who have not responded or intolerant to treatments. Terocin patches(menthol, lidocaine) #20 were denied, stating that multiple components in this product are not supported by foregoing guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro Lotion 4 ounce (Capsaicin, Menthol, Methy salicylate- analgesics; lidocaine-anesthetic): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=ef3f3597-94b9-4865-b805-a84b224a207e>.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro contains capsaicin in .0325 concentration, as well as lidocaine. Therefore, the request for lido Pro lotion 4oz is not medically necessary.

**Terocin Patches #20 for topical relief ( menthol- anagesic; lidocaine - anesthetic):** Upheld

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

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

**Decision rationale:** MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In the reports viewed, there was no evidence that this patient has failed his Gabapentin regimen. Furthermore, the reports failed to discuss the location, frequency, and duration of this application. Therefore, the request for Terocin patches #20 was not medically necessary.