

Case Number:	CM14-0054516		
Date Assigned:	07/07/2014	Date of Injury:	04/12/2002
Decision Date:	09/11/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/23/2014

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 is a 56 year-old-male with a 4/12/02 date of injury, when he sustained cumulative trauma to the neck, right arm, right shoulder and fingers. The patient underwent C5-C6 anterior disc excision and fusion in 2003 and C5-C6 foraminotomy in 2005. The progress note dated 1/9/14 stated that the patient's pain was 9/10 with no change since the last visit. He stated that the medications were less effective. The patient was using compounding cream (Diclofenac, Ketamine, Gabapentin, Lidocaine) started on 9/27/12, Flexeril 10 mg started on 12/17/12, Norco 10-325 mg started on 11/14/13, Cymbalta 30 mg started on 1/16/13 and hypertensive medications. The patient was seen on 3/17/14 with complaints of 7/10 constant aching back pain radiating to the right posterior leg. The numbness and tingling sensation along the plantar surface of the right foot and toes was also noted. The patient complained of 7/10 constant neck pain along the right side of his posterior neck and 5/10 sharp and radiating right arm pain. There was also bilateral hand numbness and tingling sensation noted. Exam findings of the cervical spine revealed mild tenderness to palpation and decreased range of motion in all planes. The patient was able to perform bilateral heel and toe walk. The diagnosis is postlaminectomy syndrome in the cervical region, depression, insomnia, carpal tunnel syndrome and myalgia/myositis. Treatment to date: work restrictions, inversion therapy, spa, TENS unit, topical creams, cervical injections, acupuncture, physical therapy, massage therapy and medications. An adverse determination was received on 3/28/14. The request for Lidopro #120 was denied due to no evidence that the patient had mobile neuropathic pain. The request for Terocin MC#30 was denied to a lack of documentation indicating that the patient failed first line oral medications. Treatment to date: work restrictions, inversion therapy, spa, TENS unit, topical creams, cervical injections, acupuncture, physical therapy, massage therapy and medications. An adverse determination was received on 3/28/14. The request for Lidop#120 was denied due to

no evidence that the patient had mobile neuropathic pain. The request for Teroc MC#30 was denied to a lack of documentation indicating that the patient failed first line oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidop #120 date of service 3/14/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

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 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. The requested medication is likely Lidopro, which contains topical Lidocaine and Capsaicin in 0.035% formulation, both of which are not supported per MTUS. However, Lidopro is not a known medication. In addition, the quantity asks for 120 but gives no units (i.e. grams, mg, patches, tablets?). The patient was using compound cream containing Lidocaine since at least 9/27/12, however, there is a lack of documentation indicating objective functional gains from the treatment. Therefore, the request for Lidopro #120 is not medically necessary.

Teroc MC #30 date of service 3/14/14: Upheld

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

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

Decision rationale: The request is for Terocin MC #30, which is unclear. This could be a Terocin Patch, which contains 4% Lidocaine and 4% Menthol, or topical Terocin ointment, which contains topical Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, and Lidocaine 2.5%. CA MTUS chronic pain medical treatment guidelines states that topical Lidocaine in the formulation of a dermal patch may be recommended for localized peripheral pain in the form of a patch after there has been evidence of a trial of first-line therapy, but MTUS does not support the use of topical Lidocaine in creams or gels. The progress note stated that the patient was using compounding cream containing Lidocaine from at least 9/27/12. However, there is a lack of documentation indicating objective functional gains from the treatment. In addition, the request for Terocin MC #30 is not clear. Therefore, the request for Terocin MC #30 is not medically necessary.

