

<b>Case Number:</b>	CM14-0088553		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 28 year old with an injury date on 5/28/13. There were no progress reports in the provided documentation, but according to the 5/9/14 report mentioned in the utilization review, the diagnoses are: 1. cervical sprain with headaches and shoulder impingement on the left 2. discogenic lumbar condition with facet inflammation and radiculitis along left lower extremity and SI joint involvement 3. left ribcage contusion 4. element of depression, anxiety, insomnia, gastritis, and 10 pound weight gain There was no physical examination in provided reports. [REDACTED] is requesting LidoPro Lotion 4oz and Terocin Patches #20. The utilization review determination being challenged is dated 5/9/14. [REDACTED] is the requesting provider, and no progress reports were provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 X MTUS Topical Medicine: pg 111-113.

**Decision rationale:** The patient's subjective pain was not provided in included documentation. The provider has asked for LidoPro Lotion 4oz but the date of the request is not known. Regarding topical Lidocaine, MTUS recommends it for localized peripheral pain, and for neuropathic pain, after other agents have been tried and failed. MTUS specifically states that only the dermal patch form of Lidocaine is indicated. In this case, the requested lotion form of Lidocaine is not indicated per MTUS guidelines. Recommendation is for not medically necessary.

**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 Medicine: pg 111-113.

**Decision rationale:** The patient's subjective pain was not provided in included documentation. The provider has asked for Terocin Patches #20 but the date of the request is not known. Terocin patches are a dermal patch with 4% Lidocaine, and 4% menthol. Regarding Lidocaine, MTUS supports for peripheral neuropathic pain that is localized. From the limited documentation provided, it appears this patient does not present with symptoms of peripheral neuropathy. Requested Terocin Patches #20 would not be indicated for this case. Recommendation is for not medically necessary.