

<b>Case Number:</b>	CM14-0109831		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	12/29/1993
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 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:

This is a 74 year old male with a work related injury involving his shoulder and knee. The date of injury was December 29, 1993. Most current diagnoses include impingement syndrome of the shoulders bilaterally status post rotator cuff repair on right and conservative treatment on left, internal derangement of the right knee status post total knee replacement and internal derangement of the left knee with meniscus tear treated with observation conservatively. In the report dated May 23, 2013, he reported having ongoing difficulties with regard to his upper extremities and knee. Tenderness was noted along the rotator cuff and also tenderness along the AC joint with loss of motion and weakness to resisted function. He uses a cane. X-rays revealed no calcific lesion but some spurring along the acromion. He received a subacromial injection. Notes stated that he does not want any oral medication. On June 26, 2014, MRI of the right shoulder no residual or recurrent full thickness tear, superior labral degenerative tearing and small subacromial enthesophyte. The medical record was lacking regarding conservative treatment received since the date of injury. A request was made for Depomedrol 80 mg/ml #30, Terocin patches No. 10 #30 and Lidopro ointment 121 gm. On June 17, 2014, utilization review denied the Terocin patches and Lidopro ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patches No. 10 #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 71.

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

**Decision rationale:** Regarding the request for Terocin patches, CA MTUS states that topical Lidocaine is "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)." Within the documentation available for review, there is no indication of localized peripheral neuropathic pain and failure of first-line therapy. Given all of the above, the requested Terocin patches are not medically necessary.

**Lidopro Ointment 121gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 71.

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

**Decision rationale:** Regarding the request for LidoPro, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical Lidocaine is "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)." Additionally, it is supported only as a dermal patch. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested LidoPro is not medically necessary and appropriate.