

<b>Case Number:</b>	CM14-0158010		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	05/17/2011
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	08/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 40 year old female with a May 17, 2011 date of injury. A progress note dated August 7, 2015 documents subjective complaints (pain rated at a level of 5-6/10; significant burning and dysesthesias in the left upper extremity), objective findings (motor weakness in the left upper extremity in hand grip; weakness in flexion and extension; intolerant to mild pressure or touch in the left upper extremity; holds arm in somewhat guarded position; decreased range of motion of the left shoulder; tender over the biceps tendon and through the brachial plexus on the left side), and current diagnoses (left upper extremity neuropathic pain; cervicalgia with left-sided radiculopathy; lumbago with bilateral radiculopathy; reactive insomnia). Treatments to date have included medications, imaging studies, transcutaneous electrical nerve stimulator unit, and physical therapy. The medical record indicates that the injured worker does not tolerate neuropathic pain medications very well. The treating physician documented a plan of care that included Terocin 4% Lidocaine Patches and Monarch pain cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin 4% Lidocaine Patch #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

**Decision rationale:** The patient presents with pain affecting the left upper extremity. The current request is for Terocin 4% Lidocaine Patch #30. The treating physician states in the report dated 8/7/14, "Terocin 4% lidocaine patch applied q12h for peripheral neuropathic pain." The treating physician also documents that the patient has not tolerated pain medication well. The MTUS guidelines state, "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy." In this case, the treating physician has documented that the patient has not responded to other first-line therapies such as medication and has requested the patch, which is supported by the MTUS guidelines for peripheral pain. The current request is medically necessary.

**Monarch pain cream # 2:** Upheld

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

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

**Decision rationale:** The patient presents with pain affecting the left upper extremity. The current request is for Monarch pain cream #2. The treating physician states in the report dated 8/7/14, "Monarch pain cream, 2 tubes, one of ketoprofen and the second contains gabapentin, lidocaine, and ketoprofen." The MTUS guidelines state, "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Furthermore, it specifically states that Gabapentin: Not recommended, Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted, and Lidocaine is only recommended is the patch formation. In this case the treating physician has prescribed a compounded topical analgesic that contains medications that are not supported by the MTUS guidelines. The current request is not medically necessary.