

Case Number:	CM15-0004919		
Date Assigned:	01/16/2015	Date of Injury:	09/03/2008
Decision Date:	03/12/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/09/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 42 year old male patient who sustained an industrial injury on 09/03/2008. Diagnoses include discogenic lumbar condition with Magnetic Resonance Imaging showing disc herniation at L5-S1 and facet changes from L1 to S1, ankle inflammation, status post arthroscopy in 2009 with no improvement, tarsal tunnel arthrosis along the anterolateral joint, Achilles tendonitis and retro-Achilles bursitis. Per the physician progress note dated 12/15/2014 physical examination revealed walks with a limp, cannot walk on heels and toes, lumbar flexion 30 and extension 5 degrees; ankle dorsiflexion 0 and plantar flexion 5 degree; swelling along the ankle joint, tenderness along the anterior ankle as well as retro Achilles area, hesitancy with dorsiflexion and plantar flexion. The medications list includes norco, flexeril, protonix, neurontin, lidopro cream and terocin patches. He has had lumbar spine MRIs which revealed disc herniation at L5-S1, facet changes from L1 to S1 and electrodiagnostic studies in 2010 and 2014 with unremarkable findings. Treatment has included Transcutaneous Electrical Nerve Stimulation Unit, Ritchie ankle brace, injections, and medications. The treating provider is requesting LidoPro Cream, #1 Bottle, and Terocin Patches #30. On 12/22/2014 Utilization review non-certified the request for LidoPro Cream, #1 Bottle, citing California Medical Treatment Utilization Schedule (MTUS)-chronic pain Medical Treatment Guidelines-Topical Analgesics. Terocin Patches # 30 was non-certified citing California Medical Treatment Utilization Schedule (MTUS)-chronic pain Medical Treatment Guidelines-Topical Analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches #30: Upheld

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

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

Decision rationale: Request: Terocin Patches #30 Terocin patch contains Menthol and Lidocaine. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine Indication: Neuropathic pain 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). Non-neuropathic pain: Not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Patient is taking Neurontin. Failure of antidepressants and anticonvulsants is not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence to support the use of menthol in combination with other topical agents. The medical necessity of Terocin Patches #30 is not fully established for this patient.

LidoPro Cream, #1 Bottle: Upheld

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

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

Decision rationale: Request: LidoPro Cream, #1 Bottle Lidopro is a topical compound cream which contains capsaicin, lidocaine, menthol and methylsalicylate. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is, Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine Indication: Neuropathic pain 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). Non-neuropathic pain: Not

recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Patient is taking Neurontin. Failure of antidepressants and anticonvulsants is not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Capsaicin and Lidocaine are not recommended in this patient for this diagnosis as cited. There is no evidence to support the use of menthol in combination with other topical agents. The medical necessity of LidoPro Cream, #1 Bottle is not fully established for this patient.