

<b>Case Number:</b>	CM15-0132057		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	07/26/2012
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: 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:

The injured worker is a 44 year old female, who sustained an industrial injury on July 26, 2012. The injury occurred while the injured worker was pulling a heavy box. The injured worker experienced sudden low back pain. The diagnoses have included lumbar disc displacement without myelopathy, lumbar or lumbosacral disc degeneration and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Treatment and evaluation to date has included medications, MRI, heat-ice treatments, physical therapy and chiropractic treatments. Medications included hydrocodone and Motrin. The injured worker was noted to remain on modified duty. Current documentation dated June 15, 2015 notes that the injured worker reported severe low back pain and right hip pain rated a nine out of ten on the visual analogue scale. The low back pain radiated to the right lower extremity. Examination of the lumbar spine revealed tenderness to palpation, spasms and a restricted range of motion. Lumbar facet loading was negative on both sides. A straight leg raise test was positive on the right side in the sitting position. Motor examination was normal and sensation to light-touch and pin-prick was decreased over the lateral calf on the right side. The treating physician's plan of care included requests for retrospective Terocin patches 4-4% and retrospective LidoPro ointment 4% one tube.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **30 Terocin Patch 4-4%: 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 Analgesics Page(s): 110-112.

**Decision rationale:** Terocin patch contains Lidocaine 600mg and Menthol 600mg. According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines state that topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Furthermore, in February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. As noted by the MTUS guidelines, only FDA-approved products are currently recommended. The request for 30 Terocin Patch 4-4% is not medically necessary and appropriate.

### **1 Tube of Lidopro 4% Ointment: 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 Analgesics Page(s): 110-112.

**Decision rationale:** Lidopro ointment contains Lidocaine. Per the MTUS guidelines state that topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. As noted by the MTUS guidelines, no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The request for 1 Tube of Lidopro 4% Ointment is not medically necessary and appropriate.