

Case Number:	CM15-0189250		
Date Assigned:	10/01/2015	Date of Injury:	07/28/2015
Decision Date:	11/09/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/25/2015

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: Arizona, 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 50 year old, male who sustained a work related injury on 7-28-15. A review of the medical records shows he is being treated for mid and lower back pain. Treatments have included 3 sessions of physical therapy (not effective), heat therapy (effective) and cold therapy (ineffective). Current medications include Ibuprofen. In the Visit Note - New Patient Consultation, the injured worker reports middle and lower back pain. He rates the pain a 7 out of 10. The pain radiates to the neck, both shoulders, both arms, both elbows, both forearms, both wrists and both hands. He describes the pain as aching, burning, sharp, stabbing, moderate to severe and constant. He has associated cramps, numbness and tingling. He is able to walk for 2 blocks, sit for 15 minutes, and stand for 30 minutes. He has difficulty working, doing yard work, participating in recreational activities and exercising. He has little to no difficulty performing household chores. On physical exam dated 9-16-15, he has tenderness, hypertonicity and spasms in the paracervical muscles and trapezius. He has decreased range of motion in lumbar spine. He has tenderness and spasms in lumbar paravertebral muscles. He is to return to work with modifications. The treatment plan includes discontinuing Ibuprofen and prescriptions for other medications and chiropractic therapy. In the Utilization Review dated 9-24-15, the requested treatments of Lidopro 4% ointment #1 and Terocin patch 4-4% #30 are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 4% ointment #1 tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=ef3f3597-94b9-4865-b805-a84b224a207>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Lidopro contains topical Lidocaine and NSAID. 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). Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidopro is not recommended. The claimant was also provided other topical and oral analgesics. LidoPro as above is not medically necessary.

Terocin patch 4-4% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=ef3f3597-94b9-4865-b805-a84b224a207>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Terocin patch contains .025% Capsaicin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. The claimant was also provided other topical and oral analgesics. Any compounded drug that is not recommended is not recommended and therefore Terocin patches are not medically necessary.

