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| <b>Case Number:</b>   | CM15-0197277 |                              |            |
| <b>Date Assigned:</b> | 10/12/2015   | <b>Date of Injury:</b>       | 03/17/2009 |
| <b>Decision Date:</b> | 12/03/2015   | <b>UR Denial Date:</b>       | 10/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/07/2015 |

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 injured worker is a 66 year old male, who sustained an industrial injury on 03-17-2009. The injured worker was diagnosed as having cervical disc displacement without myelopathy, pain in joint of lower leg and chronic pain syndrome. On medical records dated 09-22-2015, the subjective complaints were noted as neck, lower back, left wrist, right wrist, left knee, right knee, left hand and right hand pain. The injured worker was noted to have a decreased sleep due to difficulty in staying asleep was noted. Objective findings were noted as cervical spine revealed straightening of the spine with loss of normal cervical lordosis, range of motion was restricted. Spinous process tenderness was noted on C6-C7. Treatments to date included medication, surgical intervention, heat therapy, cold therapy, epidural injections, and physical therapy. The injured worker was noted to be retired. Current medications were listed as Ampicillin, Metformin, Naproxen Sodium, Omeprazole, Prozac, Simvastatin and Trazodone. The Utilization Review (UR) was dated 10-02-2015. A Request for Authorization was dated 09-22-2015. The UR submitted for this medical review indicated that the request for Retro Lidopro 4% ointment Qty: 1.00 (DOS 09-22-2015) and Retro Terocin patch 4-4% Qty: 30.00 (DOS 09-22-2015) was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Lidopro 4% ointment Qty: 1.00 (DOS 09/22/2015): Upheld**

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

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

**Decision rationale:** Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and antiepileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, the medical guidelines do not recommend the use of lidocaine for chronic pain except in a dermal patch formulation. The request for topical LidoPro is not medically appropriate and necessary.

**Retro Terocin patch 4-4% Qty: 30.00 (DOS 09/22/2015): Upheld**

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

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

**Decision rationale:** Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and antiepileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, the medical guidelines do not recommend the use of lidocaine for chronic pain except in a dermal patch formulation. The request for topical terocin which contains lidocaine is not medically appropriate and necessary.