

Case Number:	CM14-0129957		
Date Assigned:	08/20/2014	Date of Injury:	08/31/2005
Decision Date:	09/30/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/14/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 63-year-old individual was reportedly injured on 8/31/2005. The mechanism of injury was not listed. The most recent progress note, dated 7/25/2014, indicated that there were ongoing complaints of chronic low back pain and right shoulder pain. The physical examination demonstrated the patient is not in an acute distress. The patient was overweight, and the patient appeared to be tired. Left upper extremity had abduction 145, with crepitation. Lumbar spine had flexion 45° and extension 15°. No recent diagnostic studies available for review. Previous treatment included medications and conservative treatment. A request had been made for LidoPro lotion, Terocin patches #30 and Lidoderm patches 5% #60 and was not certified in the pre-authorization process on 8/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Lotion, 4 oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 57, 112.

Decision rationale: Lidopro is a topical compounded preparation containing capsaicin, lidocaine, menthol and methyl salicylate. MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". The guidelines note there is little evidence to support the use of topical lidocaine or menthol for treatment of chronic neck or back. As such, this request is not considered medically necessary.

Terocin Patches, qty 80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112.

Decision rationale: Terocin is a topical analgesic containing lidocaine and menthol. MTUS guidelines support topical lidocaine as a secondary option for neuropathic pain after a trial of an antiepileptic drug or anti-depressants have failed. There is no evidence-based recommendation or support for menthol. MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class), that is not recommended, is not recommended". As such, this request is considered not medically necessary.

Lidoderm Patch 5%, qty 60: Upheld

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

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

Decision rationale: MTUS guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Based on the clinical documentation provided, there is no documentation of failure first-line treatment. Therefore, the request is considered not medically necessary.