

Case Number:	CM14-0082303		
Date Assigned:	07/21/2014	Date of Injury:	02/15/2012
Decision Date:	10/08/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 67-year-old male with a 2/15/12 date of injury; the mechanism of the injury was not described. The patient was seen on 8/28/14 for the follow up visit. The patient received 5 Hyalgan injections to the left knee. The patient had mild daily pain in the left knee and denied spasms, numbness and tingling and was using Tramadol and knee brace as needed. Exam findings revealed blood pressure 135/87 and pulse 85. The left lower extremity extension was 180 degrees and flexion was 120 degrees with no swelling noted in the left knee. The request for Terocin patches qty 20 and LidoPro lotion 4 ounces were made. The diagnosis is internal derangement of the left knee, bilateral hip inflammation. EMG dated 9/27/13 (the radiology report was not available for the review) showed no evidence of compression neuropathy of the tibial nerve at the ankle; no evidence of compression neuropathy of the peroneal nerve at the fibular head area; no evidence of ongoing lumbar radiculopathy or polyneuropathy. Treatment to date: knee injections, knee brace, work restrictions and medications. An adverse determination was received on 5/6/14. The request for Terocin patches (quantity unspecified) and LidoPro lotion 4oz qty: 1 was denied due to a lack of documentation of neuropathic pain and that the patient had failed a trial of SSRI, TCA or Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches (quantity unknown): Upheld

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

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

Decision rationale: Terocin Patch contains 4% lidocaine and 4% menthol. MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be 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). There is a lack of documentation indicating that the patient suffered from neuropathic pain. In addition, there is a lack of evidence that the patient tried and failed first-line oral therapy for neuropathic pain. Therefore, the request for Terocin patches (quantity unknown) was not medically necessary.

LidoPro lotion 4oz #1: 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): 25, 28, 111-113.

Decision rationale: LidoPro lotion contains Lidocaine, Capsaicin, Menthol and Methyl Salicylate. CA MTUS Chronic Pain Medical Treatment Guidelines state that lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. LidoPro contains lidocaine that is not recommended in compound formulations due to CA MTUS Guidelines. Therefore, the request for LidoPro lotion 4oz #1 was not medically necessary.