

<b>Case Number:</b>	CM14-0211660		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	02/21/2001
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: Physical Medicine & Rehabn, Pain Management

### 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 76 year-old male with an original date of injury on 2/21/2001. The industrially related diagnoses are impingement syndrome status post decompression, shoulder arthritis, wrist pain, carpal tunnel syndrome, diabetes, and kidney failure on hemodialysis. The patient's medications are Quinine Sulfate, Pennsaid solution, Norco, and Valium. An x-ray of bilateral knee from 2/9/2011 showed severe lateral compartment joint space loss of the right knee, severe medial compartment joint space loss of the left knee. The disputed issues are the request for Terocin Patch quantity of 30, and LidoPro topical cream 1 bottle. A utilization review dated 12/5/2014 has non-certified these requests. The stated rationale for denial of Terocin patches was the guidelines state that topical Lidocaine is indicated for neuropathic pain, but no other formulation are indicated except for the Lidoderm patch. Capsaicin is recommended only as an option to those patients who are intolerant to previous tried treatments, or for those who have not responded to other treatments. Methyl salicylate is recommended, but there are no evidence-based recommendations regarding the use of topical Menthol. Therefore, the request for Terocin was denied. With regards to the request for LidoPro topical cream, as stated above, the guidelines state that topical Lidocaine is indicated for neuropathic pain, but no other formulation are indicated except for the Lidoderm patch. Therefore, the request was also denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patches # 30:** 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): 111-113.

**Decision rationale:** Regarding the request for Terocin, Terocin is a combination of methyl salicylate, menthol, lidocaine and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Terocin is not medically necessary.

**LidoPro cream, one bottle:** 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): 112.

**Decision rationale:** Regarding request for topical Lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical Lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines go on to state that no commercially approved topical formulations of Lidocaine cream, lotion, or gel is indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Furthermore, guidelines do not support the use of topical Lidocaine

preparations which are not in patch form. As such, the currently requested LidoPro cream is not medically necessary.