

<b>Case Number:</b>	CM14-0212816		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	06/24/2009
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

The injured worker (IW) is a 48-year-old man with a date of injury of June 24, 2009. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are wrist pain; and chronic pain syndrome. Pursuant to the progress reports dated November 19, 2014, the IW still has elements of stress and anxiety. He is taking pain medications. He is currently participation in physical therapy. He needs a replacement H-wave, which helps decrease his pain. There are no subjective complaints documented. Objectively, the IW still has quite a bit of tenderness along the left forearm with some swelling present. His extension is lagging about 5 degrees and flexion 135 degrees. Current medications include Norco 10/325mg, Tramadol ER 150mg, Gabapentin 600mg, Nalfon 400mg, Protonix 20mg, LidoPro lotion and Terocin patches. The IW has been taking Protonix since July 21, 2014. According to the progress note with the same date, the IW requested "something for his stomach". The IW has been using Terocin patches, and LidoPro lotion since August 28, 2014 according to a progress note with the same date. There was no evidence of objective functional improvement associated with the ongoing use of the aforementioned medications. The current request is for LidoPro lotion 4 ounces, Terocin patches #10, and Protonix 20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro lotion 4 ounces:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), Lido pro lotion 4 ounces is not medically necessary. Lidopro contains Capsaicin, Lidocaine, Menthol, and Methyl salicylate. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine in lotion form is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotion or gel is indicated for neuropathic pain. In this case, the injured worker's working diagnoses are wrist pain (late effect of distal ulnar fracture, status post arthrotomy, capsulectomy and synovectomy 2011) and chronic pain syndrome. Lidocaine is not recommended. Any compounded product that contains at least one drug (lidocaine in lotion form) that is not recommended is not recommended. Consequently, lido pro lotion 4 ounces is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, this request is not medically necessary.

**Terocin patches #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), Terocin patches #10 are not medically necessary. Terocin contains lidocaine, menthol and methyl salicylate. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine and lotion form is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream (lotion or gel) is indicated for neuropathic pain. In this case, the injured worker's working diagnoses are wrist pain (late effect of distal ulnar fracture, status post arthrotomy, capsulectomy and synovectomy 201) and chronic pain syndrome. Lidocaine is not recommended. Any compounded product that contains at least one drug (lidocaine in lotion form) that is not recommended is not

recommended. Consequently, Terocin patches are not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, this request is not medically necessary.

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Sallcylate Topicals Page(s): 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, NSAI and GI Effects

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Protonix 20 mg #60 is not medically necessary. Protonix is a proton pump inhibitor (PPI) and proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for certain gastrointestinal (GI) events. These risks include, but are not limited to, a greater than 65; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin or corticosteroids; or high dose/multiple non-steroidal anti-inflammatory drug use. In this case, the injured worker's working diagnoses are wrist pain (late effect of distal ulnar fracture, status post arthrotomy, capsulectomy and synovectomy 2011) and chronic pain syndrome. The documentation does not contain co morbid conditions or past medical history compatible with risk factors for GI bleeding, peptic ulcer disease, concurrent aspirin use, etc. consequently, absent clinical documentation containing risk factors, this request is not medically necessary.