

Case Number:	CM14-0218702		
Date Assigned:	01/21/2015	Date of Injury:	08/30/2010
Decision Date:	03/19/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	12/30/2014

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 & Rehabilitation

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 41 year old male who suffered a work related injury on 08/30/10. Per the physician notes from 12/03/14, he has increased range of motion in his right elbow and notes continued pain in the tight shoulder. The treatment plan consists of a MRI Arthrogram of the right shoulder, Norco, Nalfon, Protonix, LidoPro, and Terocin patches. On 12/24/14, the Claims Administrator non-certified the LidoPro and Terocin citing MTUS guidelines. The non-certified treatments were subsequently appealed for Independent Medical Review.

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 Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation <http://www.drugs.com/otc/128520/lidopro.html>

Decision rationale: The patient presents with pain in his right shoulder and right elbow. The request is for LIDOPRO LOTION 4OZ. The review of the reports indicates that the treater has kept requesting LidoPro lotion since 04/09/14. None of the reports mention whether or not the patient has been utilizing LidoPro lotion or its efficacy. Per [http:// www.drugs.com/otc/128520 /lidopro.html](http://www.drugs.com/otc/128520/lidopro.html), LidoPro cream contains CAPSAICIN .000325g in 1g, LIDOCAINE HYDROCHLORIDE .04g in 1g, MENTHOL .1g in 1g, METHYL SALICYLATE .275g in 1g. The patient is currently not working. MTUS guidelines page 112 on topical lidocaine states, "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--. Topical lidocaine, in the formulation of a dermal patch --Lidoderm-- has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine --whether creams, lotions or gels-- are indicated for neuropathic pain." In this case, MTUS guidelines do not allow any other formulation of Lidocaine other than in patch form. The request of LidoPro Lotion IS NOT medically necessary.

Unknown RX for Terocin Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Topical Lidocaine Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Pain chapter, Lidoderm patches

Decision rationale: The patient presents with pain in his right shoulder and right elbow. The request is for UNKNOWN RX FOR TEROGIN PATCHES. The review of the reports indicates that the treater has kept requesting Terocin patches since 04/09/14. None of the reports mention whether or not the patient has been utilizing this patch or its efficacy. MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the review of the reports does not show any discussion specific to this medication except the request. The patient presents with elbow and shoulder pain but no neuropathic pathology that is localized and peripheral for which this topical product is indicated per MTUS. The request IS NOT medically necessary.