

Case Number:	CM15-0014973		
Date Assigned:	02/02/2015	Date of Injury:	07/24/2013
Decision Date:	05/27/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/26/2015

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: Arizona, Texas
 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 is a 68 year old female, who sustained an industrial injury on 07/24/2013 (with reported dates of 05/23/2013, 08/29/2013 per the medical records). The initial complaints or symptoms included neck pain and left shoulder pain. The injured worker was diagnosed as having thoracic outlet compression syndrome, and sprain/strains. Treatment to date has included conservative care, medications, MRIs, x-rays, CT scans, rabies injections (series), and conservative therapies. Currently, the injured worker complains of ongoing neck and low back pain, left groin pain, and pain radiating down the left lower extremity. The diagnoses include impingement syndrome of the left shoulder, cervical discogenic condition with associated numbness and tingling, left hip joint inflammation, lumbar discogenic condition, and chronic pain syndrome. The treatment plan consisted of medications (LidoPro cream, trazodone and Terocin patches [retrospective request DOS: 12/16/2014]).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 12/16/14: Terocin patches #20: 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 9792.20-.26 Page(s): 111-113.

Decision rationale: 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 and AED (gabapentin or lyrica). Not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. Regarding the use of Terosin patches for the use of chronic pain, lidocaine and capsaicin are considered not medically necessary due to the lack of documentation that the patient has tried and failed first line therapy. Furthermore, the patient is not being treated for post-herpetic neuralgia, which is the only approved use for topical lidocaine. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary.

LidoPro cream x 1 bottle: 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 9792.20-.26 Page(s): 111-113.

Decision rationale: LidoPro cream contains topical lidocaine, methyl salicylate and capsaicin cream. 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 and AED (gabapentin or lyrica). Not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. Regarding the use of Lidopro cream for the use of chronic pain, lidocaine and capsaicin are considered not medically necessary due to the lack of documentation that the patient has tried and failed first line therapy. Furthermore, the patient is not being treated for post-herpetic neuralgia, which is the only approved use for topical lidocaine. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary.