

<b>Case Number:</b>	CM15-0120334		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	07/10/2007
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: California, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 61 year old male who sustained an industrial injury on 07/10/2007. Mechanism of injury occurred when he was lifting heavy steel. Diagnoses include lumbar sprain, post laminectomy syndrome of the lumbar regions, low back pain, lumbar radiculopathy, leg pain and hypertension. Treatment to date has included diagnostic studies, lumbar laminectomy with fusion at L5-S1 times 2, and medications. His medications include Duragesic transdermal patch, Percocet, Finofibrate, Losartan, Pravastatin, and Meloxicam. On 03/20/2015 a Magnetic Resonance Imaging of the lumbar spine was done and an unofficial report revealed an unremarkable fusion at L4-5 and L5-S1. No significant spinal stenosis, mild foraminal stenosis on the right at L5-S1. There is disc degeneration at L3-L4 with posterior disc bulge. No neural impingement or significant spinal stenosis. A physician progress note dated 06/02/2015 documents the injured worker has mild diffuse pain to palpation at the L3-S1 paravertebral region. There is limited active range of motion. His medications help with his pain and he denies any side effects. Treatment requested is for 6 Tubes of LidoPro Ointment (Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, Methyl Salicylate 27.5%) 726ml, and 90 Terocin Patches (Menthol 4.00%, Lidocaine 4.00%)

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Terocin Patches (Menthol 4.00%, Lidocaine 4.00%): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

**Decision rationale:** According to the MTUS Chronic Pain Treatment Guidelines, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Terocin contains topical lidocaine. The MTUS specifically states that other than the dermal patch, other formulations of lidocaine are not approved for neuropathic pain. A compounded topical cream that contains Lidocaine is not recommended. Additionally, MTUS states that Gabapentin is not recommended as for topical application, so any compound containing Gabapentin is not recommended. Thus the request is deemed not medically necessary or appropriate.

**6 Tubes of LidoPro Ointment (Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, Methyl Salicylate 27.5%) 726ml: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

**Decision rationale:** CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of first-line agents (antidepressants, anticonvulsants) have been tried and failed. Lidopro is a formulation containing Lidocaine, methyl salicylate, capsaicin and menthol. The Chronic Pain Guidelines state that topical Lidocaine is only recommended in the formulation of a dermal patch. No other commercially approved topical preparations of lidocaine are indicated for neuropathic pain. This requested ointment contains Lidocaine plus three other agents, therefore it is not recommended. In addition, the strength of Capsaicin is 0.0375%, which exceeds guidelines of 0.025%. Therefore the request is deemed not medically necessary or appropriate at this time.