

Case Number:	CM15-0146686		
Date Assigned:	08/07/2015	Date of Injury:	04/16/2011
Decision Date:	10/02/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/28/2015

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

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 was a 59 year old female, who sustained an industrial injury, April 11, 2011. The injury was sustained when a co-worker stepped on the injured worker's right foot and ankle. The pain gradually got worse effecting the left hip and lower back. The injured worker previously received the following treatments physical therapy, acupuncture and chiropractic services, Gabapentin for neurological pain, lumbar spine MRI, Terocin Patches and LidoPro Ointment. The injured worker was diagnosed with lumbar disc syndrome, radicular neuroglia, lumbar strain and or sprain, segmental dysfunction of the lumbar spine and RSD of the right lower extremity. According to progress note of June 18, 2015, the injured worker's chief complaint was left hip, right ankle, left foot ad right foot pain. The injured worker rated the pain 6 out of 10. The pain was characterized as burning, shooting and muscle spasms. The pain radiated to the left foot, right foot and left heel. The pain was described as moderate to severe. The injured worker reported no side effects from medications and the pain was alleviated somewhat by the current medications. The injured worker's quality of sleep was poor. The physical exam noted the injured worker had a right sided push off with an antalgic gait. There was decreased range of motion of the lumbar spine, flexion of 90 degrees limited by [pain and extension limited by 20 degrees limited by pain. Palpation of the lumbar spine noted muscle spasms and tenderness on both sides. The injured worker was unable to walk on heel, or walk on toes. The facet loading was negative on both sides. The straight leg raises were negative on both sides. There was tenderness over the sacroiliac spine. The treatment plan included retroactive prescriptions for Terocin Patches, LidoPro and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin patches 4-4% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical Analgesics Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: The patient presents on 06/18/15 with pain in the left hip, right ankle, and bilateral feet rated 6/10. The patient's date of injury is 04/11/11. Patient has no documented surgical history directed at these complaints. The request is for RETROSPECTIVE TEROGIN PATCHES 4-4% #30. The RFA was not provided. Physical examination dated 06/18/15 reveals tenderness to palpation of the lumbar paraspina muscles with spasms noted, tenderness over the left SI joint, trochanter, with trigger points noted. A CRPS-specific examination section notes the presence of abnormal skin color, swelling, limited range of motion, abnormal temperature, mechanical allodynia, cold allodynia, and hyperalgesia to pinprick in the right lower extremity. The patient is currently prescribed Gabapentin, Terocin patches, and Lidopro ointment. Patient is currently working modified duties. Terocin patches contain a mixture of Lidocaine, Capsaicin, Menthol, and Methyl Salicylate. The MTUS Topical Analgesics section, page 112 has the following under Lidocaine Indication: "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..." MTUS Topical Analgesics section, page 111 also states: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended..." In regard to the request for Terocin patches, this medication is not supported for this patient's chief complaint and Lidocaine is not supported in this form. This patient presents with lower back pain, left hip pain, and signs of complex regional pain syndrome in the right lower extremity, not a localized neuropathic pain amenable to topical Lidocaine or topical NSAIDs. Furthermore, Lidocaine is only supported in patch form, not cream form. Therefore, the request IS NOT medically necessary.

Retrospective Lidopro 4% ointment #1 tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical Analgesics Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: The patient presents on 06/18/15 with pain in the left hip, right ankle, and bilateral feet rated 6/10. The patient's date of injury is 04/11/11. Patient has no documented

surgical history directed at these complaints. The request is for RETROSPECTIVE LIDOPRO 4% OINTMENT #1 TUBE. The RFA was not provided. Physical examination dated 06/18/15 reveals tenderness to palpation of the lumbar paraspina muscles with spasms noted, tenderness over the left SI joint, trochanter, with trigger points noted. A CRPS-specific examination section notes the presence of abnormal skin color, swelling, limited range of motion, abnormal temperature, mechanical allodynia, cold allodynia, and hyperalgesia to pinprick in the right lower extremity. The patient is currently prescribed Gabapentin, Terocin patches, and Lidopro ointment. Patient is currently working modified duties. LidoPro lotion contains Capsaicin, Lidocaine, Menthol, and methyl salicylate. The MTUS Topical Analgesics section, page 112 has the following under Lidocaine Indication: "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..." MTUS Topical Analgesics section, page 111 also states: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended..." In regard to the request for Lidopro ointment, this medication is not supported for this patient's chief complaint and Lidocaine is not supported in this form. This patient presents with lower back pain, left hip pain, and signs of complex regional pain syndrome in the right lower extremity, not a localized neuropathic pain amenable to topical Lidocaine or topical NSAIDs. Furthermore, Lidocaine is only supported in patch form, not cream form. Therefore, the request IS NOT medically necessary.

Retrospective Gabapentin 600mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 18-19.

Decision rationale: The patient presents on 06/18/15 with pain in the left hip, right ankle, and bilateral feet rated 6/10. The patient's date of injury is 04/11/11. Patient has no documented surgical history directed at these complaints. The request is for RETROSPECTIVE GABAPENTIN 600MG #90. The RFA was not provided. Physical examination dated 06/18/15 reveals tenderness to palpation of the lumbar paraspina muscles with spasms noted, tenderness over the left SI joint, trochanter, with trigger points noted. A CRPS-specific examination section notes the presence of abnormal skin color, swelling, limited range of motion, abnormal temperature, mechanical allodynia, cold allodynia, and hyperalgesia to pinprick in the right lower extremity. The patient is currently prescribed Gabapentin, Terocin patches, and Lidopro ointment. Patient is currently working modified duties. MTUS Guidelines, Anti-epilepsy drugs (AED) section, pg 18,19 under Gabapentin has the following: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In regard to the retrospective Gabapentin, the request is appropriate. This patient has been prescribed Gabapentin since at least 02/05/15. Guidelines indicate that anti-epilepsy drugs such as Gabapentin are considered appropriate for neuropathic pain. Per 06/1815 progress note, this patient does experience some pain relief attributed to medications. However, there is evidence that Gabapentin was discontinued in later progress notes. However, this is a retrospective request and given the conservative nature of this medication and the documented benefits at the time, the request is substantiated. Therefore, the request IS medically necessary.