

Case Number:	CM15-0172590		
Date Assigned:	09/14/2015	Date of Injury:	01/19/2010
Decision Date:	10/13/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/01/2015

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, California

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 64 year old female with an industrial injury dated 01-19-2010. Review of the medical records indicates she is being treated for pain in joint of shoulder, cervicalgia and brachial neuritis or radiculitis. Medical history included insulin dependent diabetes type 2 and hypertension. She presents on 08-05-2015 with complaints of neck, left shoulder and right shoulder pain. She rates the pain as 7 out of 10. The pain radiated to the neck, left shoulder, right shoulder, left forearm and right forearm. She described the pain as moderate-severe and nearly constant. Relieving factors are documented as application of cold, application of a topical painkiller, medication and rest. Quality of sleep is documented as poor. Activities of daily living are documented as difficulty working, performing household chores, doing yard work and participating in recreational activities. She had not worked since 02-24-2012 (documented in 08-05-2015 note). Physical exam noted normal gait without assistive devices. Other findings were documented as spasm and tenderness of paravertebral muscles on the right side. Tenderness was noted at the paracervical muscles and trapezius. Right shoulder movement was restricted. Hawkins, Neers and shoulder crossover test was positive. Her current medications were Norco and Tylenol extra strength. Prior visit dated 07-23-2015 listed Flector patch and Cyclobenzaprine as medications. Prior treatment included 38 sessions of physical therapy, rotator cuff surgery, biceps tendon surgery, and 6 sessions of acupuncture (documented in the 08-05- 2015 note.) Medications trialed included Hydrocodone, Tylenol, Flexeril and Valium. The provider documented, she has a history of gastric bypass and is sensitive to non-steroidal anti- inflammatory drugs. The request for authorization dated 08-05-2015 is for retrospective

request with DOS of 8/5/2015: Terocin patch 4-4% QTY: 30 and retrospective request with DOS of 8/5/2015: Lidopro 4% ointment QTY: 1. On 09-01-2015, the following requests were non-certified: Retrospective request with DOS of 8/5/2015: Terocin patch 4-4% QTY: 30 and retrospective request with DOS of 8/5/2015: Lidopro 4% ointment QTY: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request with DOS of 8/5/2015: Lidopro 4% ointment QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidopro contains topical Lidocaine and NSAID. Lidocaine is 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 NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The claimant has been on other topical medications for several months. The LidoPro was also prescribed with another medication containing Lidocaine. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidopro is not recommended. LidoPro as above is not medically necessary.

Retrospective request with DOS of 8/5/2015: Terocin patch 4-4% QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Terocin patch contains .025% Capsaicin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is 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). In this case, there is no documentation of failure of 1st line medications. The claimant has been on other topical medications for several months. The Terocin was also prescribed with another medication containing Lidocaine. In addition, other topical formulations of Lidocaine are not approved. Any compounded drug that is not recommended is not recommended and therefore Terocin patches are not medically necessary.