

<b>Case Number:</b>	CM13-0020622		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/09/2012
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in California 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 59-year-old female with a reported date of injury of 01/06/2012; the mechanism of injury was a lifting injury. The patient presented with low back pain, occasional pain to the right leg, tenderness to the thoracolumbar spine, spasms in the lumbar spine, absent patellar and Achilles reflexes, decreased sensation in the bilateral S1 dermatome and decreased lumbar spine range of motion. The patient had diagnoses including degenerative disc disease with anterolisthesis of L5-S1 and bilateral foraminal stenosis at L5-S1. The physician's treatment plan included a request for Terocin cream 120 gm and Lidoderm patch 5% (Quantity: 30.00) as well as a request for a dietitian appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin cream 120gms Qty: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29, 112-113.

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

**Decision rationale:** Terocin lotion is comprised of capsaicin, Lidocaine, menthol, and methyl salicylate. The California MTUS Guidelines state that any compounded product that contains at

least 1 drug or drug class that is not recommended is not recommended. The California MTUS Guidelines note that topical salicylate is significantly better than placebo in chronic pain. The California MTUS Guidelines recommend the use of capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy and post mastectomy pain. The guidelines recommend the use of capsaicin only as an option in patients who have not responded to or are intolerant to other treatments. The guidelines recommend the use of Lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants 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. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Within the provided documentation, it did not appear that the patient had a diagnosis that would be consistent with the guideline recommendations for the use of capsaicin. Additionally, the guidelines do not recommend the use of lidocaine in the form of anything other than the topical patch of lidocaine. The guidelines note that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Therefore, the request for Terocin cream 120 gm is neither medically necessary nor appropriate.

**Lidoderm patch 5% QTY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidoderm patch) Page(s): 56-57.

**Decision rationale:** The California MTUS Guidelines note that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for postherpetic neuralgia; further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Lidoderm is also used off-label for diabetic neuropathy. The guidelines note that the use of Lidoderm for non-neuropathic pain is not recommended. Within the provided documentation, it did not appear that the patient had a diagnosis of diabetic neuropathy or postherpetic neuralgia that would demonstrate the patient's need for the medication at this time. Therefore, the request for Lidoderm patch 5% (Quantity: 30.00) is neither medically necessary nor appropriate.

**Dietician appointment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, Chapter 7, pg 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic), Office visits.

**Decision rationale:** The California MTUS Guidelines and ACOEM do not address a dietician consultation. The Official Disability Guidelines note that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability and reasonable physician judgment. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the healthcare system through self care as soon as clinically feasible. Within the provided documentation, the requesting physician's rationale for the request was unclear. Within the provided documentation, it was unclear if there was a medical reason for the referral to a dietician other than general weight loss (i.e., weight loss in order to undergo a surgical procedure, etc.). Therefore, the request for a dietician appointment is neither medically necessary nor appropriate.