

Case Number:	CM14-0155731		
Date Assigned:	09/24/2014	Date of Injury:	10/10/2011
Decision Date:	11/05/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/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 injured worker is a 48-year-old male who reported an injury on 10/10/2011. The mechanism of injury was not provided. Diagnoses included discogenic thoracic sprain, discogenic lumbar condition with radiculopathy, and right knee sprain. Past treatments included physical therapy, chiropractic manipulation, back brace, hot/cold therapy, and medications. Pertinent diagnostic studies were not provided. Pertinent surgical history was not provided. The clinical note dated 08/05/2014 indicated the injured worker complained of spasms and pain in the low back radiating to the bilateral lower extremities. He rated the pain 8/10. Physical exam of the lumbar spine revealed tenderness to palpation, flexion 40 degrees, and extension 15 degrees. The physician also noted a weight gain of 37 pounds. Current medications included LidoPro, Terocin patches, Tramadol ER 150 mg, Naproxen 550 mg, Protonix 20 mg, Gabapentin 600 mg, Flexeril 7.5 mg, and Effexor 75 mg. The treatment plan included Terocin patches, LidoPro, and 12 sessions of aqua therapy. The rationale for the treatment plan included pain control and to increase range of motion and muscle strength. The Request for Authorization form was completed on 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Salicylate Topicals

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

Decision rationale: The request for Terocin Patches is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Terocin patch contains menthol and lidocaine. The guidelines indicate that 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. The clinical documentation provided indicated the injured worker complained of spasms and pain in the low back radiating to the bilateral lower extremities. He also complained of numbness in the bilateral lower extremities. There is a lack of documentation that the injured workers pain was neuropathic in nature. Terocin patches contain topical lidocaine in a formulation not recommended by the guidelines. Additionally, the request does not indicate the quantity, frequency, or specific location for using the requested medication. Therefore the treatment plan cannot be supported at this time, and the request for Terocin patches is not medically necessary.

LidoPro: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine.

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

Decision rationale: The request for LidoPro is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. LidoPro cream contains capsaicin 0.0325%, menthol 10%, lidocaine 4.5%, and methyl salicylate 27.5%. The guidelines state that there have been no studies of a 0.0375% formulation of capsaicin, and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines also indicate that 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. The clinical

documentation provided indicated the injured worker complained of spasms and pain in the low back with radiating pain and numbness in the lower extremities. There is a lack of documentation that the injured worker complaints were neuropathic in nature. Additionally, the request does not indicate the quantity, frequency, or specific location for using LidoPro. As LidoPro contains lidocaine and capsaicin in formulations that are not recommended, the proposed compound is not recommended. Therefore, the request for LidoPro is not medically necessary.

12 Aqua Therapy Visits (2 times a week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The request for 12 Aqua Therapy Visits (2 times a week for 6 weeks) is not medically necessary. The California MTUS Guidelines indicate that aquatic therapy is recommended as an optional form of exercise therapy, and can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The injured worker complained of spasms and pain in the low back, with radiating pain and numbness in the bilateral lower extremities. There is a lack of documentation of the previous physical therapy, including quantified values of improvement for motor strength and range of motion. While the physician noted that the injured worker had a 37 pound weight gain, his current weight was not provided. It did not indicate that the injured worker was extremely obese. Additionally, there is a lack of current functional deficits, including quantified values for range of motion and muscle strength. Therefore, the treatment plan cannot be supported at this time, and the request for 12 Aqua Therapy Visits (2 times a week for 6 weeks) is not medically necessary.