

Case Number:	CM13-0033372		
Date Assigned:	12/20/2013	Date of Injury:	02/09/2011
Decision Date:	04/22/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/09/2013

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 Internal Medicine has a subspecialty in Pulmonary Diseases 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 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 patient is a 55-year-old female who reported an injury on 02/09/2011. The mechanism of injury was from lifting. The 12/11/2013 progress report noted a complaint of ongoing pain in the neck, mid back, and low back rated at 8/10 with radiation, numbness and tingling down both arms to the hands and both legs to the feet. She reported spasms in her back causing shortness of breath. The note stated the patient was taking Norco and had undergone 8 lumbar epidural steroid injections and lumbar laser surgery. On examination, there was tenderness to palpation of the cervical and lumbar spine with cervical range of motion described as flexion 24 degrees, extension 14 degrees, right lateral bending 24 degrees, left lateral bending 22 degrees, right rotation 60 degrees, and left rotation 65 degrees. Her thoracic range of motion was 12 degrees upon flexion, 4 degrees extension, 12 degrees right rotation, 11 degrees left rotation, and her lumbar range of motion was 20 degrees flexion, 8 degrees extension, 14 degrees right lateral bending, and 12 degrees of left lateral bending. She had diminished sensation to light touch and pinprick in the left C6 and C7 dermatomes and bilateral L4-5 and L5-S1 dermatomes. She had 5-/5 strength to the left deltoid, biceps, internal and external rotation, right extension, and wrist extension. She had 4+/5 strength to the right deltoid, biceps, internal and external rotation, wrist extension, and flexion. She had 5-/5 strength upon bilateral inversion, plantar flexion, eversion. She had 4+/5 strength bilateral to the extensor hallucis longus muscle. Her reflexes were normal bilaterally. An electrodiagnostic study performed on 03/01/2013 revealed mild bilateral carpal tunnel syndrome but no evidence of cervical radiculopathy. Her diagnoses included grade I spondylolisthesis at L5 on S1, cervical spine degenerative disc disease with multiple disc herniations, and lumbar degenerative disc disease with radiculopathy, lumbar spine disc herniation, thoracic spine degenerative disc disease. She was recommended physical therapy, chiropractic treatment, acupuncture, pain management, medication, and injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF TEROGIN PAIN PATCH BOX #1 (TEN PATCHES):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), TREATMENT IN WORKERS COMPENSATION, 2013 WEB-BASED EDITION.

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

Decision rationale: Terogin patches are a combination of lidocaine and menthol. CA MTUS recommends the use of lidocaine 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). The documentation submitted did not provide evidence of failed outcomes for first-line therapies. As such the request is non-certified.