MAXIMUS Federal Services

Case Number:	CM13-0033491		
Date Assigned:	12/06/2013	Date of Injury:	11/15/2002
Decision Date:	11/05/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/10/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 59 year-old female with the date of injury of 11/15/2002. The patient presents with pain in her neck, mid back and low back, radiating down her extremities with tingling or numbing sensations. The patient rates her pain as 8-9/10 on the pain scale. The patient presents limited range of neck or lumbar motion. The patient walks with a cane. The patient is currently taking Butran patch, Terocin patch, Valium, and Temazepam. According to [redacted] report on 08/28/2013, diagnostic impressions are: 1) Herniated nucleus pulposus (HNP) of the cervical and lumbar spine 2) Lumbar radiculopathy 3) Chronic pain syndrome The utilization review determination being challenged is dated on 10/01/2013. [redacted] is the requesting provider, and he provided treatment reports from 05/22/2013 to 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective medication: Terocin pain patch box (10 patches) #1 (DOS: 8/13/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Lidoderm Patch pages 56-57.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and extremities. She is s/p bilateral shoulder arthroscopies. The request is for #1 Terocin Pain Patch Box (10 patches). MRI from 08/20/2010 reveals that 1) Levoscoliosis of degenerative disk disease (DDD) and arthroscopy and retrolisthesis of L5 and S1, 2) Minimal cervical spondylosis, 3) Multiple enlarged bilateral level 1b, level 11a, left level 11b. MTUS guidelines page 57 states, "Topical Lidocaine may be 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. This patient, while there are diagnoses of pain in neck, shoulders and low back, there is no evidence of "localized pain that is consistent with neuropathic etiology." Recommendation is for denial.