

Case Number:	CM13-0050983		
Date Assigned:	12/27/2013	Date of Injury:	10/08/2011
Decision Date:	04/30/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/13/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 46-year-old female who reported an injury on 10/08/2011. The mechanism of injury was noted to be the patient slipped and fell in a sitting position. The documentation of 08/15/2013 in an initial evaluation report revealed the patient complained of pain in the neck and upper back with radiation to the left arm as well as low back pain with radiation to both legs. The pain was associated with tingling, numbness, and weakness of both legs. It was indicated the patient had GERD. The patient's medications included hydrocodone and naproxen. The physical examination revealed tenderness to palpation of the right lumbar paraspinal muscles consistent with spasms. There was sciatic notch tenderness. There was positive Patrick's test, and a positive Gaenslen's maneuver. The patient had diminished sensation in the right L5 and S1 dermatomes for the lower extremities. The deep tendon reflexes were 2+/4 in the bilateral lower extremities but 1/4 in the right patella. The patient's diagnosis was noted to be lumbar radiculopathy. The clinical documentation submitted for review in appeal to the denial of Terocin patches indicated the Terocin patch was 4% lidocaine which was a generic formulation in contrast to Lidoderm which was under patent. Additionally, it was noted the patient failed trials of Elavil and Neurontin. The request was for a functional restoration program, Ultram, naproxen, Prilosec, and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,111-112. Decision based on Non-MTUS Citation
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are 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... Lidoderm...No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical Salicylate. Per dailymed.nlm.nih.gov, Terocin patches are topical Lidocaine and Menthol. The patient was noted to have neuropathic pain. The clinical documentation submitted for review in appeal to the denial of Terocin patches indicated the Terocin patch was 4% lidocaine which was a generic formulation in contrast to Lidoderm which was under patent and the patient had failed trials of Elavil and Neurontin. However, per California MTUS Guidelines, there are no other commercially approved topical formulations of Lidocaine. The request as submitted failed to indicate the strength as well as the quantity of medication being requested. Given the above, the request for Terocin patch is not medically necessary.