MAXIMUS Federal Services

Case Number:	CM13-0058380		
Date Assigned:	12/30/2013	Date of Injury:	02/05/2007
Decision Date:	03/19/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/26/2013

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 Physical Medicine & 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 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient reports a date of injury of 02/05/2007. The listed diagnoses per [redacted] dated 10/16/2013 are: 1) Discogenic back pain 2) Annular fissure of the lumbar spine 3) DDD of the lumbar spine with face arthritis According to report dated 10/16/2013 by [redacted], the patient presents with low back pain. Patient reports occasional bilateral leg numbness, tingling and pain to the knees, however most of his leg pain is in his right buttock region. Examination of the lumbar spine reveals limited range of motion in all planes. Lumbar extension is limited to 10 degrees due to increased pain. There is decreased sensation in the let L4 dermatome. Right quads and hamstrings are 5-/5 and the left TA and EHL are 5-/5. Physician recommends Terocin patches and lumbar corset to be used as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Terocin pain patch (1 box): 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).

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

Decision rationale: The patient presents with low back pain. Physician requests Terocin Pain patches. Utilization review denied request stating "lidocaine is not supported in this topical format." The MTUS guidelines page 112 state under Lidocaine states indications are for neuropathic pain. "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). Topical lidocaine, in the formulation of a dermal patch (LidodermÂ®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy." Lidocaine patches are indicted for neuropathic pain only after trial of tri-cyclic, anti-depressants, or AEDs. It is also indicated for "localized peripheral pain." Thorough review of medical records dating 05/16/2013 to 10/16/2013 do not show evidence of "localized peripheral pain." The requested Terocin Patches are not medically necessary and recommendation is for denial.