

Case Number:	CM13-0059092		
Date Assigned:	12/30/2013	Date of Injury:	05/12/2012
Decision Date:	06/27/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	11/26/2013

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 Medicine, and is licensed to practice in California and Nevada. 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 33 year old male who sustained an injury on 06/12/12 while lifting heavy boxes at work. The injured worker developed complaints of low back pain radiating to the bilateral lower extremities. Prior conservative treatment included the use of chiropractic therapy, massage therapy, as well as trigger point injections which provided temporary benefits. The injured worker also had a Cortisone injection to the lumbar spine again with temporary benefits obtained only. Ultimately, the injured worker was recommended for a lumbar interbody fusion at L5-S1. The injured worker underwent an L5-S1 posterior lumbar interbody fusion followed by posterolateral fusion and instrumentation on 05/17/13. Postoperative medications did include the use of anti-inflammatories, muscle relaxers, Sumatriptan, Ondansetron, Omeprazole, Benzodiazepines, and Tramadol. The injured worker was seen on 10/15/13 for persistent complaints of low back pain as well as neck pain. Physical examination noted tenderness to palpation in the cervical paraspinal musculature as well as the upper trapezii. Spurling's maneuver was noted to be positive. There was limited range of motion in the cervical spine. Ongoing tenderness to palpation with limited range of motion of the lumbar spine was also noted. The injured worker received a steroid injection at this evaluation. There were recommendations for referral to a pain management physician. The injured worker was seen on 12/02/13 with continued complaints of low back pain as well as radiating pain to the lower extremities bilaterally reported as severe. On physical examination, there continued to be tenderness to palpation with limited range of motion in the lumbar spine. Straight leg raise signs were positive to the left causing severe pain. Recommendations were for further acupuncture treatment. The requested Terocin patches, quantity 10 were denied by utilization review on 11/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN (LIDOCAINE, MENTHOL) PATCH # 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: In regards to the request for Terocin patches, quantity 10, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The clinical documentation did not identify what the injured worker's long term response was to 1st line medications for neuropathic pain such as antidepressants or anticonvulsants. The injured worker's prior medication history did include the use of Gabapentin; however, the overall response to this medication was not clearly documented in the most recent clinical records. The use of Terocin patches in the treatment of chronic pain is considered an option per guideline recommendations. Overall, topical analgesics for chronic pain are considered largely experimental and investigational. The guidelines indicate that Lidocaine and Menthol containing compounded medications for topical use such as Terocin patches can be utilized as a treatment for neuropathic pain that has failed all other conservative options to include 1st line medications for neuropathic pain such as antidepressants or anticonvulsants. As this is not clearly documented in the most recent clinical reports, this reviewer would not have recommended certification for the request.