

Case Number:	CM13-0063441		
Date Assigned:	12/30/2013	Date of Injury:	10/19/2011
Decision Date:	05/16/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/09/2013

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 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:

This patient is a 44-year-old male with a date of injury of 11/19/2011. The listed diagnoses are: Post laminectomy syndrome, Lumbago, Diabetes, Joint pain in the ankle, Degenerative disk disease of lumbar and Pain in limb. According to report dated 08/30/2013, the patient presents with persistent pain of the low back that radiates to the lower extremities with numbness and tingling. Examination of the lumbar spine revealed tenderness from the mid to distal lumbar segments. There is pain with terminal motion. Seated nerve root test was noted as positive. There is diathesis at the L5-S1 dermatomes. Subsequent reports dated 09/30/2013 and 11/15/2013 provide no subjective or objective complaints or physical examinations. Both reports only include request for medications. Report from 11/15/2013 requests Terocin patch #10 stating the patches are for treatment of mild to moderate acute or chronic aches or pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCH BOX (TEN PATCHES): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES 2ND EDITION (2004)

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

Decision rationale: This patient presents with continued low back pain. The treater is requesting Terocin patches #10. Terocin patches contain Salicylate, capsaicin, menthol, and lidocaine. The MTUS Guidelines page 112 states under lidocaine, "Indications are for neuropathic pain, recommended for localized peripheral pain after there has been evidence of trial of first line therapy. Topical lidocaine in the formulation of a dermal patch has been designs for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy." This patient has been using Terocin patches since 08/30/2013. A review of medical records from 04/11/2013 to 11/15/2013 does not show evidence of "localized peripheral pain." Furthermore, the treater does not provide any discussion of the efficacy of these patches. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. The requested Terocin patches are not medically necessary and recommendation is for denial.