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| Case Number: | CM13-0063647 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 10/16/2002 |
| Decision Date: | 03/27/2014 | UR Denial Date: | 11/26/2013 |
| Priority: | Standard | Application Received: | 12/10/2013 |

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 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 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 patient is a 52-year-old female with date of injury of 10/16/2002. The listed diagnoses per [REDACTED] dated 10/07/2013 are: low back pain secondary to facet atrophy; status post anterior posterior L4-L5 fusion with subsequent removal of pedicle screws; lumbar degenerative disk disease; lumbar spondylosis; and left sacroiliitis. According to progress report dated 10/07/2013 by [REDACTED], the patient complains of low back pain. She is status post lumbar fusion at L4-L5 with pedicle screw removal. She reports that she has had facet joint blocks in the past and they have been helpful. Her medications include Norco, Terocin patch and Tramadol for pain. She states that her pain is located in the low back and radiates into the left hip/thigh area and into the right buttock, left side greater than the right. She rates her pain at a 6/10 to 7/10 on the pain scale. She states that since her last visit, her pain on the left side has become more bothersome. Objective findings show the patient is alert, oriented, and in no acute distress. She has limited range of motion in the lumbar spine in all planes. There is tenderness to palpation over L3-L4, L4-L5 and L5-S1 facet joints bilaterally, bilateral positive facet joint loading, bilateral positive Faber's test. There is tenderness over the left S1 joint, positive left S1 joint loading maneuvers, negative straight leg test on the left. There is diminished sensation to light touch in the left L5 dermatomal distribution. Motor strength is intact in the bilateral lower extremities. Deep tendon reflexes are symmetric. The treating physician is requesting a refill for Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain relief patches (10 patches per box #2): Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines page 112 states it is "recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (Tricyclic or NSRI antidepressant or an AED such as gabapentin or Lyrica). Topical lidocaine in the formulation of dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. Lidocaine patches are indicated for neuropathic pain only after a trial of Tricyclic antidepressant or AEDs." Review of reports from 01/23/2013 to 11/04/2013 show that the patient has been prescribed Terocin since 06/29/2013 as a cream and patch form. X-ray of the lumbar spine dated 01/15/2013 shows severe L4-L5 and moderate L3-L4 and L5-S1 intervertebral disk degeneration associated with disk space narrowing, endplate sclerosis and spondylosis, moderate to severe L3-S1 facet joint arthrosis. In this case, the patient does present with radicular symptoms from the low back to the lower extremities and has utilized hydrocodone and tramadol for pain relief. While the patient presents with "radicular" pain, there is no indication that the patient is using this patch for neuropathic pain. The use of lidocaine patches are not indicated for neck and low back chronic pain but for localized peripheral neuropathic pain. The request for Terocin pain relief patches (10 patches per box #2) is not medically necessary and appropriate.