

Case Number:	CM13-0063992		
Date Assigned:	01/03/2014	Date of Injury:	07/07/1986
Decision Date:	07/14/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/11/2013

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 Internal Medicine and is licensed to practice in New York. 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 55 year old male who was injured on 07/07/1986. The mechanism of injury is unknown. His diagnosis is lumbar discopathy with radiculitis. Progress note dated 09/16/2013 documented the patient to have complaints of continued symptomatology in the lumbar spine with extension into the lower extremities. An MRI had been obtained and has been reviewed. This does reveal multilevel lumbar spondylosis, most pronounced on the left than the right side at levels L4 to S1 and L-4 respectively. Objective findings on examination of the lumbar spine remain unchanged. There is tenderness to the mid distal lumbar segments. Standing flexion and extension are guarded and restricted. There is a radicular pain pattern in the lower extremities, the left side more pronounced than the right in S1 root. Treatment has included medical therapy including opiates, NSAIDs and topical medication. The treating provider has requested Terocin Patches #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 TEROGIN PATCHES (REDACTED): Upheld

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

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

Decision rationale: According to the references, Terocin patches contain lidocaine and menthol. The Chronic Pain Medical Treatment Guidelines state only Lidocaine in the formulation of Lidoderm patch may be considered 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). The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topically applied lidocaine is not recommended for non-neuropathic pain. The medical records do not establish this topical patch is appropriate and medically necessary for this patient. The request of Terocin Patches is not medically necessary.