

Case Number:	CM13-0071141		
Date Assigned:	01/08/2014	Date of Injury:	05/25/2011
Decision Date:	06/11/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/26/2013

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 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:

The patient is a 57 year old male with an injury date of 05/25/11. Based on the 08/20/13 progress report provided by [REDACTED] the patient complains of neck and back pain which radiates down to his left leg down to the foot. He states that his activity level continues to be severely limited because of his pain. The patient's diagnoses include the following, Multilevel HNP of the cervical spine however with moderate-to-severe stenosis, Multilevel HNP of the lumbar spine with moderate to severe stenosis, Cervical and lumbar radiculopathy, Degenerative disc disease and facet arthropathy with left L5 spondylosis, Grade 1 spondylothesis, Pars defect at L5 Chronic pain syndrome, Cervicogenic headaches. [REDACTED] is requesting for Terocin Pain Patch Box (10 patches). The rationale was that the Lidocaine ingredient in the Terocin is only recommended for peripheral neuropathic pain and if one ingredient is not recommended in a compound medication, the medication is not recommended. [REDACTED] is the requesting provider, and he provided treatment reports from 03/01/13- 10/24/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PAIN PATCH BOX (10 PATCHES): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-112.

Decision rationale: According to the 08/20/13 report provided by [REDACTED], the patient complains of neck and back pain which radiates down to his left leg down to the foot. The request is for Terocin Pain Patch Box (10 Patches). Terocin patches are a dermal patch with 4% Lidocaine, and 4% Menthol. Chronic Pain Medical Treatment Guidelines for topical Lidocaine states: "Indication: 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)." And "Topical Lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain." In this patient, while the patient has pain down the leg, the neuropathic pain not localized. There is no evidence that this patch is being used for neuropathic pain. Given the above the request is not medically necessary.