

Case Number:	CM14-0007606		
Date Assigned:	02/10/2014	Date of Injury:	03/16/2011
Decision Date:	07/14/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/21/2014

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 Management, 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 is a 59-year-old male with a March 16, 2011 date of injury. A specific mechanism of injury was not described. The January 14, 2014 determination was non-certified given that the requested compounded topical medications was not supported by CA MTUS guidelines. December 3, 2013 medical report identifies persistent neck pain with stiffness. There was also symptomatology in the right shoulder, bilateral upper extremities, lumbar spine, and bilateral knees. Examination revealed tenderness at the cervical paravertebral muscles with pain. Tenderness at the anterior glenohumeral region and subacromial space with positive Hawkin's and impingement sign. Dysesthesia of the digits, questionable Tinel's and Phalen's test, and pain with terminal flexion. Tenderness over the lumbar paravertebral muscles with pain, and dysesthesia at the L5 and S1 dermatomes. At the knees there is anterior joint line tenderness. The July 17, August 15, September 18, and October 13, 2013 medication summaries reports identify that no drugs were prescribed and the toxicology report was concordant with no medications detected. 10/8/13 medical report identifies that the patient can continue taking his medications and a prescription was given for Zanaflex. 9/4/13 medical report identifies that medications were dispensed including omeprazole and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCH QTY 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Terocin Patch contains 4% lidocaine and 4% menthol. <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

Decision rationale: The patient has neuropathic pain. However, MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. In addition, the Chronic Pain Medical Treatment Guidelines states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI [serotonin-norepinephrine reuptake inhibitor] anti-depressants or an AED [anti-epileptic drugs] such as gabapentin or Lyrica). Furthermore, even though there is a 2011 date of injury, where most likely first line medications have been tried, the medical records does not provide such information. The request for ten terocin patches is not medically necessary or appropriate.