

Case Number:	CM14-0008237		
Date Assigned:	02/12/2014	Date of Injury:	09/30/2010
Decision Date:	07/22/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/22/2014

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:

The patient is a 57-year-old female who has submitted a claim for low back pain with radiculopathy associated with an industrial injury date of 09/30/2010. Medical records from 01/30/2012 to 12/26/2013 were reviewed and showed that patient complained of constant, sharp, stabbing, and burning low back pain radiating to the left lower extremities. There was associated paresthesia, numbness, and weakness. Physical examination revealed tenderness from mid to distal lumbar segments. There was pain with terminal lumbar ROM. Seated nerve root was positive and dysesthesia at the L5 and S1 dermatomes was noted. MRI of the lumbar spine (11/5/2010) revealed reversal of lumbar lordosis in the upper lumbar spine, moderately severe diffuse lumbar spondylosis, moderate levoscoliosis, and 5mm hemangioma in T12. Treatment to date has included bone stimulator, 12 completed visits of physical therapy, home exercise program, lumbar epidural steroid injection, naproxen sodium and gabapentin. Utilization review, dated 12/26/2013, denied the request for Terocin Patch #10 because CA MTUS Chronic Pain Medical Treatment Guidelines state that lidocaine is not recommended for topical applications. There is no discussion as to why Terocin patches would be required despite adverse evidence.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCH #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patch Page(s): 56-57.

Decision rationale: As stated on page 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm patch is 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). In this case, the patient was prescribed gabapentin initially; however, neuropathic pain symptoms persisted. Adjuvant therapy with lidocaine patch has been established; however, the current clinical and functional status of the patient is unknown. The most recent progress report made available for review was dated 08/22/2013. Therefore, the request for Terocin patches #10 is not medically necessary.