

Case Number:	CM14-0008314		
Date Assigned:	02/12/2014	Date of Injury:	04/19/2013
Decision Date:	06/24/2014	UR Denial Date:	01/03/2014
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 Orthopedic Surgery and is licensed to practice in California, Texas and Tennessee. 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 injured worker is a 34-year-old male who was injured on April 14, 2013. The mechanism of injury is not specified. An MRI of the lumbar spine is documented as having been obtained on May 7, 2013 and demonstrated disc desiccation at L4-S1 with disc protrusion at L5-S1, but no neuroforaminal narrowing. The most recent clinical progress note supplied for this review is dated November 4, 2013. The injured worker is documented as presenting with low back pain rated as 2/10 and notes improvement. The injured worker does endorse lower extremity numbness, tingling, and pain in the toes with exercise. There is no documentation to indicate that a trial of Gabapentin or Lyrica has been attempted. The utilization review in question was rendered on January 3, 2014. The reviewer non-certified the request for Terocin patches and a refill of Terocin Patches. The reviewer non-certified the request noting that Lidocaine is a component of the topical patch and there has been no documentation that a trial first-line agents such as Gabapentin or Lyrica has been attempted. Additionally, the reviewer indicates that topical salicylates are not indicated for the treatment of neuropathic pain for osteoarthritis of the spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 REFILL OF #2 TEROGIN PAIN RELIEF PATCH (10 PATCHES PER BOX): 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: The California Medical Treatment Utilization Schedule (MTUS) notes the use of topical medications largely experimental, but may be used for the treatment of neuropathic pain when first-line agents fail. Additionally, the California Medical Treatment Utilization Schedule (MTUS) recommends the use of topical Lidocaine patches for the management of peripheral neuropathic pain after failure of first-line agents such as Gabapentin or Lyrica. Based on the clinical documentation provided, injured worker does not meet these criteria. The California Medical Treatment Utilization Schedule (MTUS) notes that when a single component of a compounded medication is not medically necessary the entire compound is not medically necessary. As such, the request is considered not medically necessary.

2 BOXES OF TEROGIN PAIN PATCHES (10 PATCHES PER BOX): 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: The California Medical Treatment Utilization Schedule (MTUS) notes the use of topical medications largely experimental, but may be used for the treatment of neuropathic pain when first-line agents fail. Additionally, the California Medical Treatment Utilization Schedule (MTUS) recommends the use of topical Lidocaine patches for the management of peripheral neuropathic pain after failure of first-line agents such as Gabapentin or Lyrica. Based on the clinical documentation provided, injured worker does not meet these criteria. The California Medical Treatment Utilization Schedule (MTUS) notes that when a single component of a compounded medication is not medically necessary the entire compound is not medically necessary. As such, the request is considered not medically necessary.