

Case Number:	CM14-0009919		
Date Assigned:	02/21/2014	Date of Injury:	01/15/2010
Decision Date:	07/30/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/23/2014

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 Occupational Medicine, 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 35-year-old female with a 1/15/10 date of injury. The mechanism of injury was not provided. In a 12/3/13 progress note, the patient stated that her neck, mid-back, and low back pain were improving. She rated her back and leg complaints an 8/10 on the pain scale and rated her neck and arm complaints a 5/10 on the pain scale. She noted that her activities of daily living were improved with medications and chiropractic therapy. Objective findings include palpable right paraspinal lumbar spasms, three palpable muscular trigger point nodules in the right lumbar paraspinal region, diffuse tenderness to palpation of the cervical and lumbar spines, and diminished on the right C5 and C6 dermatomes and the right L4, L5, and S1 dermatomes. The diagnostic impression was of herniated nucleus pulposus at C5-6 with canal stenosis, cervical and lumbar myofascial pain, herniated nucleus pulposus with bilateral foraminal stenosis at L3-4 and L4-5, medication-induced gastritis, and right sacrolitis. Treatment to date has been medication management, activity modification, and chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Terocin pain patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state 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 MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The patient is on Elavil, a first-line agent for neuropathic pain, and there is no documentation in the reports reviewed addressing the effectiveness of that medication. The patient is also being initiated with a trial of Pamelor, another first-line agent for neuropathic pain. Additionally, there is no documentation as to where the patch is to be applied, how often, or the duration the patch will be left on. A specific rationale identifying why Terocin would be required in this patient despite lack of guidelines support was not identified. Therefore, the request is not medically necessary.