

Case Number:	CM14-0103786		
Date Assigned:	07/30/2014	Date of Injury:	05/04/2011
Decision Date:	09/25/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/07/2014

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 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:

The patient is a 49-year-old male with a 5/4/11 date of injury. The 4/16/14 Progress note described cervical spine pain, stiffness, numbness, and headaches; however, pain was improved. Clinically, there was positive Tinel's on the left cubital fossa and positive Tinel's and Phalen's of the bilateral hands, with left greater than right. Diagnosis included cervical discopathy and double crush syndrome. The 5/25/14 note described a prescription for Terocin patch. 7/9/14 progress note described constant cervical spine pain with radiation into the upper extremities. There is associated headaches that are migraines in nature, as well as tension between the shoulder blades. There was also frequent pain in the bilateral wrist/hand (7/10). There was palpable tenderness in the cervical spine with spasms; negative Spurlings maneuver; limited range of motion secondary to pain. Neurological examination was intact. There was tenderness over the volar aspect of the wrist; positive palmar compression test with subsequent Phalen's maneuver; Positive Tinel's over the carpal canal; full but painful range of motion. Sensation was dimensioned in the radial digits. Treatment plan discussed medication refill. Multiple progress notes dating back to 2011 were reviewed. Treatment to date has included Physical Therapy (PT), multiple injections, surgeries, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches, #30: Upheld

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

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

Decision rationale: The patient has a 2011 date of injury, yet little has been discussed regarding topical medication, and specifically Terocin patch. This topical medication has been prescribed for some time, yet there is no discussion regarding functional improvement, reduction in pain scores, and/or reduction in need for PO medications. Furthermore, MTUS Chronic Pain Medical Treatment Guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, the California MTUS 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 anti-depressants or an AED such as gabapentin or Lyrica). There is no discussion regarding failure of first line agents. Therefore, the request for Terocin patches, #30 is not medically necessary and appropriate.