

Case Number:	CM14-0106975		
Date Assigned:	08/01/2014	Date of Injury:	10/29/2010
Decision Date:	09/30/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 57 year old female who reported an injury on 10/29/2010 after lifting a case of wine. The diagnoses included left fourth, fifth and S1 radiculopathy, lumbar discopathy, and rule out internal derangement of the right hip. Past treatments included an epidural steroid injection. Diagnostic studies included a lumbar spine x-ray, date of exam and results not provided, and an unofficial MRI of the lumbar spine which indicated annular tearing at L3-L4 and lateral recess stenosis on the right at both L3-L4 and L4-L5. An unofficial EMG on 02/15/2013 showed evidence consistent with abnormalities involving the left fourth and left fifth lumbar nerve roots, left first sacral nerve root, and the right sacral nerve root. Surgical history was not provided. Recent subjective complaints were not provided. Physical exam findings on 01/21/2014 indicated positive seated nerve root test, and diminished sensation in the L5-S1 distribution. Current medications were not provided. The treatment plan included Terocin patch #30. The rationale for treatment and request for authorization were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Terocin patch #30 is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine in the formulation of a dermal patch Lidoderm has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The Terocin patch contains lidocaine and menthol. Lidoderm is the only recommended lidocaine patch, and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Additionally, the request does not indicate the frequency or location for using the patch. Therefore, the request for Terocin patch #30 is not medically necessary.