

Case Number:	CM14-0108301		
Date Assigned:	08/01/2014	Date of Injury:	05/25/2011
Decision Date:	11/04/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/11/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine, 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 male with an injury date of 05/25/11. Based on the 05/23/14 progress report provided by [REDACTED], the patient complains of neck and back pain rated 4/10, with increased pain down his left leg to his calf and increased left foot numbness. He is status post posterior lumbar fusion at L5-S1 on 03/13/14. Physical examination revealed decreased sensation to his left L5 and S1 dermatomes. Patient wears a TLSO brace. His gait is mildly antalgic and he occasionally uses a cane. Diagnosis 05/23/14- multilevel HNP of the cervical spine, however with moderate to severe stenosis- status post posterior lumbar fusion at L5-S1, 03/13/14- left lower extremity radiculopathy- cervical radiculopathy [REDACTED] is requesting decision for Terocin Pain Patch Box (10 patches). The utilization review determination being challenged is dated 06/30/14. The rationale is: "not supported by guidelines." [REDACTED] is the requesting provider, and he provided treatment reports from 01/16/14 - 07/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Pain Patch Box (10 patches): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS; LIDODERM PATCHES Page(s): 111-112; 56-57.

Decision rationale: The patient presents with neck and back pain rated 4/10, with increased pain down his left leg to his calf and increased left foot numbness. The request is for decision for Terocin Pain Patch Box (10 patches). Terocin patch contains Menthol and Lidocaine. Patient is status post posterior lumbar fusion at L5-S1, 03/13/14. His diagnosis dated 05/23/14 includes multilevel HNP of the cervical spine, however with moderate to severe stenosis, left lower extremity radiculopathy and cervical radiculopathy. MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the patient presents with radicular symptoms and pain in back and neck, but not pain that is peripheral and localized neuropathic. Terocin patch would not be indicated. The request is not medically necessary.