

Case Number:	CM14-0108993		
Date Assigned:	08/01/2014	Date of Injury:	08/16/2012
Decision Date:	09/25/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/14/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 46-year-old female who sustained a work related injury on 08/16/2012 as a result of repetitive office/computer work that has led to neck pain. Per her most recent patient encounters she has neck and cervical radiculopathy symptoms. She has tenderness of the cervical spine and decreased range of motion due to guarding with positive Foraminal compression, Spurling and reverse Spurling tests. Neurologically she is intact with 5/5 muscle strength of all muscles. However, she has 0/2 left bicep reflex testing. The patient's most up to date imaging study includes a cervical MRI dated 04/11/2014 that identifies 2 level moderate disc degeneration with foraminal encroachment and three level (C5-7) spinal canal stenosis. An electrodiagnostic study dated 10/17/2012 identifies a chronic left C7 radiculopathy and suggestive mild right ulnar neuropathy across the elbow. In dispute is a decision for Terocin Patches Qty 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches Qty 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical anesgesics Page(s): 28-130.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 56-57.

Decision rationale: Lidoderm (Terocin) transdermal patches for pain: Lidoderm, topically, may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressants or an (AED) such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is also used off-label for diabetic neuropathy. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. As specifically outlined in the CA MTUS guidelines, Lidoderm patches are FDA approved for use in treatment for patients with post-herpetic neuralgia, a diagnosis not documented for this patient. I did not find within the provided medical documentation any evidence of a trial of either tri-cyclic or SNRI medication. As the guidelines have not been satisfied for authorizing this treatment, I find that it is not warranted and not medically necessary.