

Case Number:	CM14-0012077		
Date Assigned:	02/21/2014	Date of Injury:	09/25/2011
Decision Date:	07/29/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/30/2014

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 57-year-old male with a date of injury of 9/25/11. He is a retired firefighter who has experienced multiple work related injuries. On 10/14/13, he had continued symptomatology in the lumbar spine with extension into the lower extremities, pain in the left shoulder. There is tenderness at the lumbar paravertebral muscles. There is pain with terminal motion. There is dysesthesia at the L5 and S1 dermatomes. The diagnostic impression is cervical and lumbar discopathy with radiculitis, and left shoulder impingement syndrome with partial rotator cuff tear. The treatment to date includes activity modification, physical therapy, chiropractic therapy, surgery and medication management. A UR decision dated 12/31/13, denied the request for Terocin patch. Terocin Patches contain Menthol 4% and Lidocaine 4%. The guidelines state that Lidocaine is not recommended for topical application. In addition, there was no discussion as to why Terocin patches would be required despite adverse evidence.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCH #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation TOPICAL ANALGESICS.

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

Decision rationale: The MTUS chronic pain medical treatment guidelines states that topical Lidocaine in the formulation of a dermal patch has been designated for orphan's 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 anti-epileptic drug such as Gabapentin or Lyrica). There is no documentation that the patient has ever been on a first-line agent. In addition, 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 for this patient despite lack of guideline support was not identified. Therefore, the request for Terocin Patch #10 was not medically necessary.