

Case Number:	CM14-0013675		
Date Assigned:	02/26/2014	Date of Injury:	03/29/2002
Decision Date:	12/17/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/03/2014

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 Family 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 38 years old male patient who sustained a work related injury on 3/29/2002. The diagnoses include multilevel lumbago with bilateral radiculopathy, status post spinal surgery x 3 with a three level fusion, sacroiliac joint and facet joint arthropathy, post concussive syndrome, failed back surgery syndrome with neuropathic pain, reactive sleep disturbance, and status post spinal cord stimulator implant. Per the doctor's note dated 1/3/2014, patient had complaints of lumbar axial and radicular pain. Physical examination revealed sciatic notch tenderness bilaterally, positive straight leg raise bilaterally, focal tenderness over the facets with a positive facet provocation and tenderness over the sacroiliac joints, sensation reduced in the left lower extremity over the L4, L5 and S1 dermatomes, motor weakness in the left ankle in dorsiflexion and in the left knee as well rated at 4+ to 5-/5, decreased range of motion to the lumbar spine with pain, tenderness in the left shoulder with decreased range of motion. The medication list includes oxymorphone, methadone, Norco, nabumetone, Lunesta, nortriptyline, citalopram, Lyrica and Terocin 4% lidocaine patch. Prior diagnostic study reports were not specified in the records provided. He has undergone three spinal surgeries with three level fusion, spinal cord stimulator implant on 08/17/12. She has had urine drug screen dated 3/19/13, 6/4/13 and 11/4/13 with inconsistent results.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN 4% LIDOCAINE PATCH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/terocin.html>

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

Decision rationale: Terocin patch contains Menthol and Lidocaine. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.... 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... Lidocaine Indication: Neuropathic pain 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). Non-neuropathic pain: Not recommended....." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response to antidepressants and anticonvulsants is not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence to support the use of menthol in combination with other topical agents. The medical necessity of Terocin 4% Lidocaine Patch is not medically necessary for this patient at this time.