

Case Number:	CM14-0111806		
Date Assigned:	08/01/2014	Date of Injury:	01/11/1999
Decision Date:	09/24/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/17/2014

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 60-year-old female with a date of injury of 1/11/99. The mechanism of injury was not noted. Terocin patches contain 4% Lidocaine and 4% Menthol. On 5/9/14, her medications include Opana IR, Fentanyl patch, Cyclobenzaprine, Mentherm, Savella, Pantoprazole, Temazepam, and Topamax. She complained of bilateral lower extremity pain. She stated that the increase in medications has decreased her pain by more than 50%. The request for the lumbar sympathetic blocks will be scheduled. She was also given a trial of Norflex and Terocin patches, which were dispensed to apply to her feet bilaterally. On exam she walked with a slow antalgic gait. Her feet are waxy, dusky and allodynic. There was a discoloration and mottled appearance of feet bilaterally. The diagnostic impression is bilateral lower extremity CRPS with spinal cord stimulator implant, history of ovarian cancer and bilateral lower extremity squamous cell carcinoma. Treatment to date: spinal cord implant, sympathetic nerve blocks. A UR decision dated 6/25/14 denied the request for Terocin patch #30. The Terocin patches were denied guidelines note that topical analgesics are recommended as an option in certain circumstances. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin is a compounded agent containing methyl salicylate, capsaicin, menthol, and Lidocaine. The records did not indicate failed trials of antidepressants and anticonvulsants. Also, there is no documentation that the patient has been intolerant or unresponsive to all other treatments including oral pain.

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 Page(s): 112.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that topical Lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA 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 AED such as Gabapentin or Lyrica). However, Terocin patch contains Lidocaine 4% and menthol 4%. Guidelines recommend a trial of Terocin patches for a short-term period of no more than four weeks. The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day the patches(s) are to be worn. The area to be applied was to bilateral feet, however, the number of planned patches and duration for use per day the patches(s) are to be worn was not indicated. Therefore, the request for Terocin patches #30 was not medically necessary.