

Case Number:	CM14-0112150		
Date Assigned:	08/01/2014	Date of Injury:	11/12/2009
Decision Date:	10/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/18/2014

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 and 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 42-year-old female with date of injury of 11/12/2009. The listed diagnoses per [REDACTED] from 06/27/2009 are lumbago with sciatica at L5 - S1, bilateral knee pain and bilateral chondromalacia patella symptomatic on the right. According to this report the patient complains of right knee pain and low back pain. Her pain occasionally radiates down the right buttock and wraps around the thigh. The patient uses tramadol for pain relief. She uses Terocin patches as an adjunct to pain management. She applies these to her lumbar spine and knee for temporary relief. The patient states that it reduces her pain to a level where she can perform activities of daily living. The examination shows no effusion or soft tissue swelling on the right knee. There is mild tenderness diffusely across the lower lumbar spine with minimal spasms. She has tenderness with spasms and guarding. Intact motor and sensation to both lower extremities. Straight leg raise and Lasegue's are negative bilaterally. The utilization review denied the request on 07/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines National Guidelines Clearinghouse

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines lidoderm patches, Page(s): 56-57, 112.

Decision rationale: This patient presents with low back pain and right knee pain. The provider is requesting Terocin patches. The MTUS Guidelines page 112 on topical Lidocaine states "recommended for localized peripheral pain after there has been evidence of a first-line therapy (tricyclic or SNRI antidepressants, or an AED such as Gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designed for orphan status by the FDA for neuropathic pain." The record show that the patient was prescribed Terocin patches on 03/07/2014. The 06/27/2014 report notes that the patient is using Terocin patches for her "lumbar spine and knee pain." While the patient reports relief with these patches, it is not indicated for non-neuropathic pain. Therefore the request is not medically necessary.