

Case Number:	CM14-0132727		
Date Assigned:	08/22/2014	Date of Injury:	04/07/2014
Decision Date:	10/02/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/19/2014

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 Practice 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 case involves a 42-year-old male who reported an industrial injury to the foot on 4/7/2014, almost 6 months ago, attributed to the performance of his usual and customary job tasks reported as having a forklift crushes foot. The patient is now status post BKA with persistent lower extremity pain and a diagnosis of complex regional pain syndrome. There are no documented objective findings on examination consistent with chronic regional pain syndrome. There are no documented GI issues or inability to take oral medications. The patient is prescribed Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCH (LIDOCAINE, MENTHOL): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical salicylate; topical analgesics; anti-inflammatory medications Page(s): 105; 111-113; 67-.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain salicylate topicals

Decision rationale: The prescription for Terocin patches is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is no Orthopedic clinical documentation submitted to demonstrate the use of the topical patches for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical non-steroidal anti-inflammatory drugs (NSAIDs) medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the Official Disability Guidelines (ODG), then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. The request for Terocin patches is not medically necessary for the treatment of the patient for the diagnosis of chronic pain. The patient is 18 months DOI and has exceeded the time period recommended for topical treatment. There are alternatives available OTC for the prescribed topical analgesics. The volume applied and the times per day that the patches are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of patches to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The prescription for Terocin patches is not medically necessary for the treatment of the patient's pain complaints. The prescription of Terocin patches is not recommended by the CA MTUS and the Official Disability Guidelines. The objective findings in the clinical documentation provided do not support the continued prescription for the treatment of chronic pain. As such, this request is not medically necessary.