

Case Number:	CM14-0137517		
Date Assigned:	09/05/2014	Date of Injury:	01/03/2012
Decision Date:	10/02/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/25/2014

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 & 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 53 years old female with an injury date on 01/03/2012. Based on the 05/16/2014 progress report provided by [REDACTED], the diagnoses are: 1. Multilevel HNPs of the lumbar spine. 2. Lumbar radiculopathy. 3. Cervical sprain/strain, rule out traumatic disc. 4. Cervical radiculopathy. 5. Left shoulder subacromial bursitis. 6. Left hip arthralgia. 7. Bilateral wrist and hand arthralgia. 8. L3-4 spinal stenosis. According to this report, the patient complains of ongoing low back pain with radiating pain and numbness down the left leg to the foot; pain is at a 8/10. The patient also complains of ongoing neck pain with radiating pain and numbness down both upper extremities to the hands; pain is at a 7/10. Pain in the left shoulder and left elbow are also noted with pain at a 5/10. Tenderness to palpation is noted over the cervical and lumbar paraspinal regions. Ranges of motion of the cervical, thoracic, and lumbar spine are restricted. Straight leg raise, Faber test, and Gaenslen's test are all positive. There were no other significant findings noted on this report. The utilization review denied the request on 07/30/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/16/2014 to 07/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 box- 10 patches of Terocin pain patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/archives/fdadruginfo.cfm?archiveid=41055> - Terocin Topical Pain Relief Lotion

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

Decision rationale: According to the 05/16/2014 report by [REDACTED] this patient presents with ongoing low back pain and neck pain with radiating pain and numbness. The treater is requesting 1 box of Terocin pain patch. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Review of the reports indicate that the patient has numbness and tingling of the upper and lower extremities indicated for neuropathic pain. However, there is no documentation of the effects of this medication as required per page 60 of MTUS. Furthermore, Lidoderm patches are not recommended for axial back pain but peripheral, localized neuropathic pain. Recommendation is for denial.