

Case Number:	CM14-0137629		
Date Assigned:	09/05/2014	Date of Injury:	07/26/2013
Decision Date:	10/15/2014	UR Denial Date:	07/31/2014
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 and Rehabilitation 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 38 year-old male who has submitted a claim for lumbosacral neuritis or radiculitis, associated with an industrial injury date of 07/26/13. Medical records from November 2013 to July 2014 were reviewed. Patient complained of low back pain described as burning, stabbing, and with paresthesia. According to him, his job required him to lift heavy objects. The pain slowly developed until it reached a pain score of 10/10. It was associated with radiation down to his right leg. Physical examination of the lumbar spine showed decreased range of motion. Extension was at 10 degrees, flexion was at 45 degrees, bilateral lateral bending was at 15 degrees, and rotation was at 20 degrees. There were no neurologic deficits noted. Lasegue's Sign was positive. Magnetic Resonance Imaging (MRI), dated December 30, 2013, revealed minimal degenerative endplate changes and mild degenerative change. There was also degenerative disc desiccation at the L4-L5 and L5-S1 levels. Electromyography-Nerve Conduction Studies, dated January 21, 2014, revealed normal results. Treatment to date has included Tramadol, Ketoprofen, Theramine, Terocin patch, Naproxen, and Omeprazole. Utilization review from 07/31/14 denied the request Terocin Patch with Lidocaine 5% #30. Patient is responding with his current oral pain medications. Pain level is 1/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches with Lidocaine 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidoderm patch), Topical Analgesic, Lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Salicylates

Decision rationale: Terocin Patch contains Lidocaine and Menthol. CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns. According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 56-57, topical Lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Topical Lidocaine is 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). In this case, patient has been on Terocin patch since June 2014 for neuropathic pain. The patient is responding well with his current medications. Pain is substantially decreased. It was mentioned in the documents that the patient has already been using Terocin patch and other topical analgesics, but there no specific documentation of pain relief from their use. There was also no evidence of trial of first-line therapy, which is required to support Terocin patch use. Furthermore, it was determined that topical medications are largely experimental. Therefore, the request for Terocin Patches with Lidocaine 5% #30 are not medically necessary.