

Case Number:	CM14-0138204		
Date Assigned:	09/05/2014	Date of Injury:	12/12/2000
Decision Date:	10/27/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/26/2014

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 injured worker is a 71 years old male with an injury date on 12/12/2000. Based on the 07/17/2014 progress report provided by [REDACTED], the diagnoses are: 1. Post laminectomy lumbar spine 2. Lumbar radiculopathy 3. Lumbar HNP with Myelopathy 4. Impingement syndrome, bilateral, post-operative bilaterally 5. Rotator cuff tear non-traumatic, bilateral, post-operative bilaterally 6. Metatarsalgia, second and third rays, left 7. Morton's neuroma, third web space, left According to this report, the injured worker complains of constant severe back pain that flare up today. The pain is described as sharp, stabbing and throbbing. Pain radiates to the lower extremity, bilaterally. The injured worker uses a walker to assist ambulation. The injured worker also complains of constant severe left shoulder/arm pain. The pain is described as sharp, stabbing and throbbing. Pushing, pulling, and reaching would aggravate the conditions. There were no other significant findings noted on this report. The utilization review denied the request on 08/12/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch #30 refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

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

Decision rationale: According to the 07/17/2014 report, this injured worker presents with constant severe low back pain and left shoulder/arm pain. The treating physician is requesting to start Terocin Patch #30, refill 1 for the lumbar spine. 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 indicates that the injured worker has sharp pain that radiates to the bilateral lower extremities indicated for neuropathic pain. However, Lidoderm patches are not recommended for axial back pain but peripheral, localized neuropathic pain. The request for Terocin Patch #30 refill 1 is not medically necessary.