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| Case Number: | CM14-0157282 | | |
| Date Assigned: | 09/30/2014 | Date of Injury: | 05/24/2007 |
| Decision Date: | 12/12/2014 | UR Denial Date: | 09/04/2014 |
| Priority: | Standard | Application Received: | 09/25/2014 |

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 Occupational Medicine 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 is a 47-year-old female with a 5/24/07 date of injury. The patient was seen on 8/6/14 with complaints of pain over the neck, left upper shoulder and trapezial region with increasing pain over the left AC joint. The patient also reported ongoing lower back pain, left wrist pain with numbness and muscle spasms over the left scapula. Exam findings revealed limited cervical range of motion, full range of motion of both shoulders with pain and tenderness over the left AC joint. There was tenderness over the right and left sacroiliac joint with swelling over the trigger points and there was tenderness over the left hip greater trochanteric bursa. The straight leg-raising test was slightly positive in the sitting position, more on the left than right and Tinel's sign and Phalen's test were positive on the left. The patient has been noted to be on Vicodin, Terocin, Prilosec, Motrin, Soma, Neurontin and transdermal patch. The notes indicated that the patient was utilizing Terocin patch at least from 3/12/14. The diagnosis is impingement syndrome, neck/back/shoulder sprain. Treatment to date: work restrictions, Terocin patch and medications. An adverse determination was received on 9/4/14 given that there was a little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for terocin patches #10 (8/6/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Terocin Patch Page(s): 112.

Decision rationale: Terocin Patch contains 4% lidocaine and 4% menthol. CA MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be 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). However there is a lack of documentation indicating that the patient tried and failed first line oral medications for neuropathic pain. In addition, the notes stated that the patient was utilizing Terocin patch at least from 3/12/14 and there is a lack of documentation indicating subjective or objective functional gains from prior use. Lastly, the patient has been noted to utilize other transdermal patch. Therefore, the request for Terocin patch Is not medically necessary.