

Case Number:	CM14-0158249		
Date Assigned:	10/01/2014	Date of Injury:	02/24/2009
Decision Date:	11/20/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/26/2014

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 & Rehabilitation and Pain Management, 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 39 year old female with an injury date on 02/24/2009. Based on the 07/03/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervical spine sprain/strain2. Cervical spine radiculopathy3. Thoracic spine sprain/strain4. Lumbar spine sprain/strain5. Lumbar spine radiculopathyAccording to this report, the patient complains of "constant neck pan radiating to the upper extremities, 7/10; constant mid back pain, 7/10; constant low back pain radiating to the low extremities with numbness and tingling, 7/10." Topical creams/patches decrease pain, walk longer, sit longer, stand longer and increase sleep. Objective findings indicate decreased spinal range of motion. Tenderness is noted over the trapezius muscles, cervical /lumbar paravertebral muscles. Straight leg raise is positive. Right upper extremity sensation decreased at C6. Right lower extremity sensation decreased at L4. There were no other significant findings noted on this report. The utilization review denied the request on 08/25/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/18/2014 to 08/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch Box #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Salicylate topicals

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Cream Page(s): 111-113.

Decision rationale: According to the 07/03/2014 report by [REDACTED] this patient presents with "constant neck pain radiating to the upper extremities, 7/10; constant mid back pain, 7/10; constant low back pain radiating to the low extremities with numbness and tingling, 7/10." The treater is requesting Terocin Patch Box #20. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. The MTUS guidelines state that Lidocaine patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. Review of reports indicates that the patient has numbness and tingling of the upper and lower extremities indicated for neuropathic pain but not localized. Furthermore, Lidoderm patches are not recommended for axial back pain but peripheral, localized neuropathic pain. Therefore, the Terocin Patch Box #20 is not medically necessary and appropriate.