

Case Number:	CM14-0161364		
Date Assigned:	10/06/2014	Date of Injury:	02/25/2013
Decision Date:	11/10/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/01/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 60 year old female, date of injury 02/27/2013. The mechanism of injury reportedly occurred when the injured worker was kicked, punched and jerked repeatedly for 30 minutes by a child. Her diagnoses included myoligamentous strain of the cervical spine, and bilateral trapezius musculature, compression/contusion of the right shoulder, myoligamentous strain of the lumbar spine with radicular symptoms into the right lower extremity, and exacerbation of migraines. Prior treatments included acupuncture, botox therapy and medications. On 09/24/2014, the injured worker complained of frequent moderate to severe low back pain radiating to the bilateral lower extremities, right sided neck pain, and right shoulder pain. The documentation indicated cyclobenzaprine, terocin patches, and acupuncture were helping with the injured worker's pain and performance of activities of daily living. On physical examination, range of motion of the cervical spine was decreased. There was tenderness of the trapezius muscles bilaterally. Range of motion of the lumbar spine and shoulder were decreased and the injured worker had tenderness to the lumbar spine and shoulder. The injured worker's medication regimen included cyclobenzaprine and terocin patches. The treatment plan included recommendations for continuation of cyclobenzaprine and terocin patches as well as a psychiatry consultation for possible depression and anxiety. The rationale for the request for Terocin patches #30 was for targeted pain relief and for localized peripheral pain. The request for Terocin patches #30 was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112..

Decision rationale: The request for Terocin patches #30 is not medically necessary. Terocin patches are comprised of Lidocaine and menthol. The California MTUS guidelines state, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines recommend the use of Lidocaine 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Per the documentation, cyclobenzaprine, terocin patches and acupuncture were helping with the injured worker's pain and performance of activities of daily living. The guidelines note Lidocaine in the formulation of the dermal patch, Lidoderm, has been approved for orphan status by the FDA, and no other forms of topical Lidocaine are recommended. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Additionally, the request does not indicate the frequency at which the medication is prescribed as well as the site at which the patch is to be applied in order to determine the necessity of the medication. As such, the request for Terocin patches #30 is not medically necessary.