

Case Number:	CM14-0021176		
Date Assigned:	05/07/2014	Date of Injury:	07/15/2009
Decision Date:	07/09/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/20/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 40 year old male who was injured on 07/15/2009. He was involved in a work-related accident as a result of which he sustained injuries to his low back. He was in the process of blowing leaves with a leaf blower and while walking backwards, he tripped on a piece of wood. Although, he did not fall, he felt immediate pain in his low back. Prior treatment history has included Norco. The patient underwent therapeutic lumbar epidural steroid injection on 05/14/2012. Clinic note dated 01/24/2014 reports the patient complains of pain in his left neck traveling to his left arm; rated pain as 6/10. He also has constant pain in his lower back traveling to his left leg; rated pain as 8/10. The patient reports he has been using a brace and it was temporarily helpful. The patient also states that he has been using a TENS unit and found it to be helpful. He underwent a therapeutic lumbar epidural steroid injection and was found to have a reduction in his pain from a 7/10 to a 4/10. The patient is diagnosed with lumbago, lumbar radiculopathy, and diabetes mellitus. Terocin patches have been recommended for this patient. On exam dated 01/21/2014, the patient underwent his second therapeutic lumbar steroid epidural injection at L4-L5 which he received a 50% decrease in his pain. Clinic note dated 07/15/2009 states the patient presents with burning, radicular low back pain greater on the left side, associated with muscle spasms. He rates the pain as 9/10. His pain is described as constant and severe. It travels down his left leg into the great toe with associated numbness and tingling. His pain is aggravated by prolonged positioning including sitting, standing, walking, bending, and arising from a sitting position, ascending or descending stairs. The patient states his symptoms persist but the medications do offer him temporary relief of pain and improve his ability to have restful sleep. On examination of the lumbar spine, he is able to heel-to-toe walk; however it is with pain. The patient is able to squat to 40% of normal. There is tenderness to palpation at the bilateral lumbar paraspinal muscles and the lumbosacral

junctions. Range of motion of the lumbar spine exhibits AROM flexion to distal tibias; extension to 10; lateral flexion to 20 bilaterally; and rotation to 20 bilaterally. He has positive straight leg raise test at 40 bilaterally. There is decreased sensation to pinprick over the L4, L5, and S1 dermatomes in the bilateral lower extremities, greater on the left. Motor strength is 4/5. Patellar and Achilles deep tendon reflexes are 2+ and symmetrical in the bilateral lower extremities. According to prior UR dated 02/12/2014, Terocin is not certified as there is a lack of documentation explaining why the medication is necessary and based on evidence provided, it did not justify the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCINE PATCHES FOR PAIN RELIEF: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC.

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

Decision rationale: This is a request for Terocine patch, which appears to be a combination product containing lidocaine. It is unclear if the provider actually meant Terocin, which contains methyl salicylate, lidoine, capsaicin, and menthol. No prescription details or detailed rationale for this medication is provided in the records. With respect to topical lidocaine, guidelines recommend it for localized peripheral neuropathic pain after evidence of a trial of first-line therapy. Only Lidoderm has been approved by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders. The employee is has chronic low back pain secondary to a 7/15/09 industrial injury. The employee does not appear to have localized peripheral neuropathic pain. No diagnostic studies are available for review. Further, there is no documentation of failure of first-line oral therapy, and the employee continues to be prescribed an oral suspension containing gabapentin. In any case, lidocaine is not recommended in formulations other than Lidoderm. Medical necessity is not established.