MAXIMUS Federal Services

Case Number:	CM14-0021703		
Date Assigned:	05/05/2014	Date of Injury:	03/13/2000
Decision Date:	07/09/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/20/2014

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 Rehabilitaion, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 65-year-old female with a reported date of injury on 03/13/2013. The mechanism of injury was not provided within the documentation available for review. The injured worker complained of low back pain that radiated to the lower extremities with numbness and tingling. The injured worker's diagnoses included L4-5 and L5-S1 herniated discs with severe right lower extremity radiculitis, and status post arthroscopy of the right knee. The injured worker's medication regimen was not provided within the documentation available for review. The request for authorization for Terocin patch #30 was submitted on 02/18/2014. The provider's rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCH #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: Terocin patches contain Lidocaine and Menthol. The California MTUS guidelines note Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical Lidocaine, in the formulation of a dermal patch called Lidoderm, has been designated for orphan staus by the FDA for diabetic neuropathy per the guidelines. No other commerically approved topical formulation of Lidocaine, whether creams, lotions, or gels, are recommended for neuropathic pain. In addition, according to the guidelines, any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The clinical information provided for review lacks documentation of first-line therapy to include physical therapy, NSAIDs, or muscle relaxants. The submitted request does not specify the site at which the Terocin patch is to be utilized. As the guidelines do not recommend Lidocaine for topical use, other than Lidoderm, the medication would not be recommended. Therefore, the request for Terocin patch #30 is not medically necessary.