

Case Number:	CM14-0024067		
Date Assigned:	06/16/2014	Date of Injury:	01/30/2004
Decision Date:	07/16/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/13/2014

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 Neuromuscularskeletal Medicine and is licensed to practice in Arizona. 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 60 year old female who sustained an injury on January 30, 2004 as result of her left knee giving out and falling down the stairs. She has injuries to her low back, left hip, knee and elbow. She would later develop left hip and bilateral shoulder pain. Provided were imaging and diagnostic studies, consisting of an MRI of the lumbar spine demonstrating L3-4 stenosis with degenerative changes at L2-3 and L4-5 with an EMG documenting chronic L5 Radiculopathy. For current pain management the patient has been prescribed Norco 5/325mg and Tramadol 50mg. The patient has undergone a two level lumbar epidural steroid injection in August of 2013. In October of 2013, the patient underwent a left knee chondroplasty and partial medial and lateral meniscectomy and synovectomy because of grade 3 chondromalacia. The patient has undergone physical, as well as aqua therapy, has access to support braces (back, knee and ankle), has a transcutaneous electric nerve stimulation (TENS) unit for pain treatment and utilizes a cane for ambulation. In dispute is a retrospective authorization for Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: TEROGIN PATCHES; 12/27/13: 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 Page(s): 56-57. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/cdi/terocin-patch.html>.

Decision rationale: Lidoderm transdermal patches for pain, topically, may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressants or an (AED) such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is also used off-label for diabetic neuropathy. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Terocin patches are a combination patch consisting of capsaicin, lidocaine, menthol, and methyl salicylate for topical use, with lidocaine as the base medication in a patch form for ease of use. As specifically outlined in the CA MTUS guidelines, Lidoderm patches are FDA approved for use in treatment for patients with post-herpetic neuralgia, a diagnosis not documented for this patient. I did not find within the provided medical documentation any evidence of a trial of either tri-cyclic or SNRI medication. As the guidelines have not been satisfied for authorizing this treatment, I find that it is not warranted and not medically necessary.