

Case Number:	CM14-0027133		
Date Assigned:	06/13/2014	Date of Injury:	12/01/2010
Decision Date:	08/13/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/03/2014

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 Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 62-year-old female with a reported date of injury on 12/01/2010. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include degenerative disc disease to the lumbosacral spine with left-sided L4-5 radiculopathy. Her previous treatments were noted to include home exercise program, H-wave, and medications. The progress note dated 01/28/2014 revealed the injured worker complained of ongoing pain to her low back which was rated 6/10 on a pain scale. The injured worker was utilizing her TENS unit which helped to reduce her pain 50% and Terocin patches, medications and topical agents. The physical examination revealed range of motion to flexion was normal to lumbosacral spine, extension was to 30 degrees, bilateral rotation was normal, and bilateral tilt was normal. There was pain to palpation of the lumbosacral spine from L4 through S1 and left and right paraspinal musculature, with pain to palpation of the left greater trochanteric area and left posterolateral thigh, but a negative straight leg raise test. The reflexes were unable to be addressed due to the injured worker guarding, but strength was rated 5/5 to flexion and extension on the right, but 4/5 flexion and extension on the left knee and 4/5 to dorsiflexion of the left ankle. The request for authorization form was not submitted within the medical records. The request was for Terocin patches #30 for the low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCHES #30 LOW BACK: Upheld

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

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

Decision rationale: The request for Terocin patches #30 to the low back is non-certified. The injured worker has been utilizing this medication since at least 09/2013 and Terocin patches consist of lidocaine and menthol. The California Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state the topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state lidocaine is indicated for neuropathic pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or NEEDs 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 indicative for neuropathic pain. The guidelines do not recommend lidocaine for non-neuropathic pain and there is only 1 trial that tested for recent lidocaine for treatment of chronic muscle pain and the results showed there was no superiority over placebo. The guidelines recommend lidocaine only in the formulation of Lidoderm and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.