

Case Number:	CM14-0031916		
Date Assigned:	06/20/2014	Date of Injury:	02/15/2013
Decision Date:	08/18/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/13/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 29-year-old male who reported an injury on 02/15/2013 due to moving boxes from the third to the first floor. The injured worker complained of lower back pain. There was no measurable pain level documented in the submitted report. The physical examination dated 02/17/2014 revealed that the injured worker's range of motion was limited in extension to about 30 degrees, otherwise intact. Strength examination was 5/5 bilaterally. His quadriceps, hamstrings and anterior tibialis were also 5/5. His sensation was diminished with bilateral L5 dermatomal distribution. His reflexes were symmetric. A magnetic resonance imaging (MRI) of the lumbar spine revealed no abnormalities. The date of the MRI was not documented in the submitted report. The injured worker has a diagnosis of rule out lumbar disc herniation. Past medical treatment includes 12 sessions of physical therapy for the lower spine, a back brace, ointments and medication therapy. The submitted reports revealed that the injured worker is currently not taking any medications. The treatment plan is for Terocin patches. The rationale and the Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 10 Terocin patches Dos:02/12/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine (Terocin) Page(s): 112.

Decision rationale: The request for Retrospective 10 Terocin patches (DOS: 02/12/2014) is not medically necessary. Terocin patches consists of Lidocaine 4% and Menthol 4%. CA MTUS states Lidocaine in a transdermal application is recommended for Neuropathic pain and recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy such as a tri-cyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) antidepressants or an antiepilepsy drug (AED) such as gabapentin or Lyrica. No other commercially approved topical formulations of lidocaine whether creams, lotions or gels are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritic. In February 2007, the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Only FDA-approved products are currently recommended. The submitted report lacked documentation showing that the injured worker had a diagnosis of neuropathic pain. The guidelines also state that lidocaine is recommended for localized peripheral pain; however, there was no documentation submitted in the report that the injured worker has such pain. Furthermore, there was nothing noted in the submitted reports showing that the injured worker had trialed and failed any first-line therapies, such as tricyclic or SNRI antidepressants or AEDs, such as gabapentin or Lyrica. The efficacy of the medication was not provided to support continuation and the request as submitted did not include the frequency of the medication. As such, the request for retrospective 10 Terocin patches is not medically necessary.