MAXIMUS Federal Services

Case Number:	CM14-0037498		
Date Assigned:	06/25/2014	Date of Injury:	12/28/1996
Decision Date:	08/14/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	03/28/2014

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 Texas and Oklahoma. 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 44-year-old female who reported an injury on 12/28/1996. The diagnoses included lumbar post laminectomy syndrome. The mechanism of injury was the injured worker was transferring a patient from a bed to a commode. The injured worker's medication history included Terocin patches, oxycontin and Gralise, since 11/2013. The documentation of 02/03/2014 revealed the injured worker had left low back pain. The injured worker had swollen glands and easy bruising. There was no physical examination recorded. The treatment plan included Oxycontin 10 mg Extended Release, Terocin 4% adhesive patches, 1 patch everyday topically as needed for 30 days. The diagnoses included as well as lumbar post laminectomy syndrome, opioid dependence, depressive disorder and primary fibromyalgia syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for medication Terocin patch dispensed on 02/03/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidocaine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate; Topical Analgesic; Lidocaine Page(s): 105; 111; 112. Decision based on Non-MTUS

Citation Other Medical Treatment Guideline or Medical Evidence: http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. Per dailymed.nlm.nih.gov, Terocin patches are topical Lidocaine and Menthol. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of an antidepressant and an anticonvulsant. There is lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The duration of the use was at lease since 11/2013. The objective functional benefit and objective pain relief were not provided. There was a lack of documentation indicating the injured worker had a trial and failure of an anticonvulsant, as it was indicated she was being treated with Gralise. Additionally the request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the retrospective request for medication Terocin dispensed on 02/03/2014 is not medically necessary.