

Case Number:	CM14-0038546		
Date Assigned:	06/27/2014	Date of Injury:	06/18/2013
Decision Date:	08/22/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/01/2014

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 Management and is licensed to practice in Tennessee. 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:

This is a 64-year-old female with a 6/18/13 date of injury. The mechanism of injury was not noted. According to a 2/25/14 progress note, the patient had continued pain in the lumbar spine and wished to proceed with the recommended surgery. The symptomatology in the patient's cervical spine, shoulders, and hips was essentially unchanged. Objective findings: tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm, tenderness in the bilateral shoulder girdles and Levator scapulae, tenderness at the lumbar paravertebral muscles, pain with terminal motion with limited range of motion, reproducible pain in the posterolateral hips, including the L5 roots. Diagnostic impression: cervical discopathy, lumbar discopathy, carpal tunnel/double crush syndrome, rule out internal derangement of both hips and both shoulders. Treatment to date includes medication management, activity modification. A UR decision dated 3/19/14 denied the request for Terocin patches. The rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch QTY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 112 Page(s): 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: The MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, the California MTUS states that topical lidocaine 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). There is no documentation that the patient has ever been on a first-line agent. In addition, there is no documentation as to where the patch is to be applied, how often, or the duration the patch will be left on. Therefore, the request for Terocin Patch Qty: 30 are not medically necessary.