MAXIMUS Federal Services

Case Number:	CM14-0039734		
Date Assigned:	06/27/2014	Date of Injury:	10/04/1994
Decision Date:	08/21/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/04/2014

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 with a reported date of injury on 10/04/1994. The mechanism of injury was not provided within the documentation available for review. The injured worker's diagnosis included osteoarthritis of the knee, lumbar degenerative disc disease, and lumbar postlaminectomy syndrome. Past treatment includes physical therapy and injection therapy. The injured worker's surgical history includes postlumbar laminectomy. The injured worker presented with low back pain rated from 4-8/10. The injured worker complained of stiffness in the low back, spasms of the low back, and interference with sleep. The injured worker presented with sensory to light touch and pin prick intact throughout, except for diminished light touch sensation in the S1 on the right side dermatomal distribution. The injured worker's medication regimen included Celebrex and Terocin patches. The physician indicated that Terocin patches were provided for low back pain. A request for authorization for Terocin patches was submitted on 03/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines,Pain Chapter.

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

Decision rationale: The CA MTUS Guidelines recommend Topical analgesics as an option. Although largely experimental in use with few randomized controlled trials to determine the effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin patches contain lidocaine and menthol. The California MTUS Guidelines state that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica 75 mg). Topical lidocaine in the formulation of a dermal patch called Lidoderm has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Clinical information provided for review lacks documentation related to the use of antidepressants or anticonvulsant use or subsequent failure of antidepressants and anticonvulsants. In addition, the guidelines do not recommend lidocaine beyond the use of neuropathic pain and in the formulation of the Lidoderm patch. In addition, the request as submitted failed to provide frequency and specific site at which the Terocin patches were to be utilized. Therefore, the request for Terocin patches is non-certified.