

Case Number:	CM14-0039914		
Date Assigned:	06/27/2014	Date of Injury:	07/10/2013
Decision Date:	08/19/2014	UR Denial Date:	03/20/2014
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 & 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 53-year-old male who reported an injury on 07/10/2013 caused by a fall while trying to deliver wine boxes. The injured worker had a history of low back pain that radiates to the left foot and leg as well as left elbow pain radiating to the left arm. The injured worker had a diagnoses of lumbago and enthesopathy of the elbow. The MRI dated 10/13/2013 revealed a disc desiccation at the T12-L1, L3-4, L4-5, and the L5-S1; focal disc herniation at the L1-2; and diffuse disc herniation from the L3 to the S1. The past treatment included physical therapy of unknown dates and medication. Per the clinical note dated 03/13/2014, objective findings of the musculoskeletal exam of the cervical spine revealed range of motion full to all planes. The examination of the lumbar spine revealed range of motion to forward flexion of 45 degrees, extension was 15 degrees, and rotation was limited. The clinical note also noted tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. There was a negative lumbar facet loading maneuver, positive straight leg raise, along with a positive Patrick's test and positive Gaenslen's maneuver. The motor strength testing revealed a 5/5 symmetric to the bilateral upper and lower extremities. The sensory examination revealed diminished sensation to the left L5 and S1 dermatomes at the lower extremities. The medications included Effexor ER 75 mg, Anaprox 550 mg, Gabapentin 600 mg, Terocin patch, Hydrocodone 10/325 mg, and MS Contin 15 mg. The injured worker reported pain at a 7/10 being the worst and a 4/10 at best with an average of 6/10 using the VAS. The injured worker also revealed a decrease by 60% to the back and 40% to the leg with medication. The request for authorization dated 06/27/2014 was submitted with documentation. The rationale for the Terocin 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 x30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effective July 18, 2009) Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Terocin patch x30 is not medically necessary. The California MTUS Guidelines on topical analgesics state any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Topical Lidocaine, in the formulation of a Lidoderm patch, has been designated as an orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine, whether creams, lotions, or gels, are indicated for neuropathic pain. A Terocin patch is a topical analgesic with active ingredients of Lidocaine 4% and Methodyl 4%. The combination of Lidocaine with any other topical medication is not recommended per Guidelines. As such, the request is not medically necessary.