MAXIMUS Federal Services

Case Number:	CM14-0041057		
Date Assigned:	06/27/2014	Date of Injury:	03/27/2009
Decision Date:	08/25/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/07/2014

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 Texas. 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 40 year old female who had a work related injury on 03/27/09 described as cumulative trauma. Diagnoses were disc herniation, cervical radiculopathy, lumbar retrolisthesis L4 on L5, cervical canal stenosis at C4-5 and C5-6, and medication induced gastritis. Treatment consisted of extensive physical therapy and chiropractic treatment acupuncture treatment, cervical epidural steroid injection which afforded her 50% reduction in pain for only one week. The injured worker had lumbar epidural steroid injections that she responded well to for approximately six months. MRI of cervical spine dated 03/11/14, disc desiccation at C2-3 down to C6-7 with associated disc height loss at C6-7. Straightening of the normal cervical lordosis which maybe positional in nature or due to muscle spasm. C4-5 broad based posterior disc herniation which deformed the anterior aspect of the spinal cord with concurrent bilateral uncovertebral joint degenerative changes. Disc material uncovertebral joint degenerative changes caused stenosis of bilateral neural foramen that contacted the bilateral C5 exiting nerve roots. C5-6 broad based posterior disc herniation causing stenosis of spinal canal. There were concurrent bilateral uncovertebral joint degenerative changes. Disc material, uncovertebral joint degenerative changes, caused stenosis of bilateral neural foramen that contacted the bilateral C6 exiting nerve roots. The injured worker reported her neck pain 8/10 on pain scale with radiation of pain, numbness and tingling to bilateral upper extremities to her hands. Low back pain was 7/10 on pain scale radiating with numbness and tingling in bilateral lower extremities to the feet. She was currently taking Norco 10 325mg three per day, Trazadone 50mg one at night for sleep, topical LidoPro cream, Terocin patches. Physical examination, no acute distress. Gait was normal and non-antalgic. Tenderness to palpation in the cervical spine, thoracic spine, and lumbar spine paraspinals. Range of motion of the cervical spine, thoracic spine, and lumbar spine decreased in all planes. Increased pain with extension.

Decreased sensation to the right C5 and C8 dermatomes and L4, L5, and S1 dermatomes. Motor exam was 5-/5 for bilateral deltoids, biceps, internal and external rotators, wrist extensors, and flexors. 4+/5 for left tibialis anterior, EHL, inversion, plantarflexion, and eversion. 5-/5 on right. Straight leg raise produced pain to the foot bilaterally at 32 degrees. Straight leg raise produced pain to the foot bilaterally at 32 degrees. Prior utilization review dated 03/21/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain patch #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter. Topical analgesics.

Decision rationale: The request for Terocin pain patch #10 is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request for Terocin. Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an Atypical Antidepressants or anticonvulsants (AED) such as gabapentin or Lyrica). Topical lidocaine patches are generally not recommended for non-neuropathic pain (including osteoarthritis or myofascial pain/trigger points). Therefore, medical necessity has not been established for requested Terocin Pain Patch.