

Case Number:	CM14-0041111		
Date Assigned:	06/30/2014	Date of Injury:	04/21/2001
Decision Date:	08/22/2014	UR Denial Date:	03/28/2014
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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 patient is a 58-year-old male with a reported date of injury on 04/21/2001. The mechanism of injury was not provided within the documentation available for review. The injured worker's diagnoses included, knee tendonitis bursitis, cervicgia, lumbar disc disorder with myelopathy, lumbar sacral disc degeneration, sprains and strains of the neck and thoracic lumbosacral neuritis or radiculitis. The injured worker has a history of lumbar spine surgery. The diagnostic studies included an electrocardiogram, hemodynamic studies, laboratory tests, chest x-ray and echocardiogram. The injured worker presented with complaint and history of knee problems, who is going to have a right knee arthroscopic procedure; the date of the scheduled surgery was not provided within the documentation available for review. The injured worker's medication regimen included; Norco, Omeprazole, Naproxen, Ultram and Neurontin. The treatment plan indicated the patient requested to utilize the least amount of medications on an as needed basis will be provided for the injured worker. The rationale for the request for Terocin patches was not provided within the documentation available for review. The clinical note from 02/06/2014 was not provided within the documentation. The retrospective Request for Authorization for Terocin patch (duration of unknown and frequency unknown); 02/06/2014 was submitted on 04/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch (duration unknown and frequency unknown) dispensed on 2/6/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical agents Page(s): 143.

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

Decision rationale: The California MTUS Guidelines recommend topical analgesics as an option; although they are largely experimental in use with few randomized controlled trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin patches include Lidocaine and Menthol. The guidelines state that Lidocaine is recommended for localized peripheral pain after there has been evidence of trial of first line therapy (Tricyclic or (SNRI) Serotonin-Norepinephrine Reuptake Inhibitor antidepressants or an (AED) Antiepileptic Drug such as gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch called Lidoderm has been designated from 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. The clinical information provided for review, lacks documentation related to the use and subsequent failure of antidepressants or anticonvulsants. In addition, there is a lack of documentation related to the injured worker's functional deficits to include range of motion, and the utilization of a VAS (visual analog scale) pain scale. The clinical note from 02/06/2014 was not provided within the documentation available for review. In addition, the request as submitted fails to provide frequency and specific site in which the Terocin patches were to be utilized. Therefore, the request of Terocin patch (duration unknown and frequency unknown) dispensed on 2/6/2014 is not medically necessary and appropriate.