MAXIMUS Federal Services

Case Number:	CM14-0043559		
Date Assigned:	07/02/2014	Date of Injury:	09/29/2001
Decision Date:	08/20/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/10/2014

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, Pain Medicine and is licensed to practice in Florida. 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 52-year-old male who reported an injury on 09/29/2001. The mechanism of injury was not provided. On 11/25/2013, the injured worker presented with low back pain and spasms. Physical exam revealed 5/5 strength in the bilateral lower extremities, positive bilateral facet loading, and tenderness over the lumbar facets. There was also spasms ongoing in the lower lumbar paraspinal which referred pain upon palpation with a twitch response. Prior therapy included a lumbar trigger point injection and medications. The diagnoses were lumbar facet syndrome, L4-5 moderate central narrowing with moderate facet changes, lumbar level sclerosis and depression. The provider recommended Terocin patches 3 boxes. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches three boxes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

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

Decision rationale: The request for Terocin patch 3 boxes is non-certified. California MTUS indicates that topical analgesia are largely experimental in use with few randomized control trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The California MTUS guidelines indicate that topical Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy, tricyclic, SNRI, antidepressant or an AED, such as gabapentin or Lyrica. No other commercially approved topical formulations of lidocaine, whether cream, lotions, or gels, are indicated for neuropathic pain. California MTUS recommend treatment with topical salicylates. As the guidelines do not recommended any other topical formulation of lidocaine, the Terocin patches would not be indicated. Additionally, the provider's request does not indicate the dose, frequency, or quantity of the Terocin patches in their request as submitted. As such, the request is non-certified.