

Case Number:	CM14-0043594		
Date Assigned:	07/02/2014	Date of Injury:	10/10/2012
Decision Date:	08/25/2014	UR Denial Date:	03/28/2014
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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 50-year-old male who reported an injury on 10/10/2012. The mechanism of injury was a MVA. His diagnoses include cervical spine sprain, thoracic strain, lumbosacral strain, chronic left shoulder rotator cuff syndrome, and sleep difficulty secondary to chronic pain. His past treatments were noted to include muscle relaxants, anti-inflammatories, work restrictions, pain medication, chiropractic treatment, epidural steroid injection, and a home exercise program. On 03/18/2014, the injured worker presented with complaints of neck, back, and shoulder pain. His physical examination was noted to reveal trigger points in the muscles of the head and the neck, pain with range of motion of the cervical spine, tenderness to palpation of the lumbar facets bilaterally, an antalgic gait. Limited range of motion of the lumbar spine, normal motor strength, normal sensation, and positive Neer's and Hawkins tests. His medications were noted to include Flexeril, Vicodin, Etodolac, Methocarbamol, Duexis, Neurontin, Norco, and Robaxin. The treatment plan included a urine drug screen, an MRI of the left shoulder, chiropractic rehabilitation, and prescriptions for Mobic and Terocin patches. The Terocin patch was noted to be ordered to alleviate his pain. The Request for Authorization form was submitted on 03/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch 4%, 1 transdermal patch every 12 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The request is not medically necessary. Terocin patches contain lidocaine 4% and menthol 4%. The California MTUS Chronic Pain Guidelines state that topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety, and are primarily recommended for neuropathic pain when trials of anticonvulsants and antidepressants have failed. The guidelines also state that topical compounds that contain at least 1 drug that is not recommended are not recommended. The guidelines further state that topical lidocaine is only FDA-approved in the formulation of the Lidoderm patch to treat neuropathic pain. The guidelines further specify that no other commercially-approved topical formulation of lidocaine (such as creams, lotions, or gels) are indicated for neuropathic pain. The clinical information submitted for review indicated that the injured worker has neuropathic pain and has been treated with multiple medications, including muscle relaxants, pain medications, NSAIDs, and anticonvulsants. However, there was no documentation indicating that the injured worker has tried antidepressants or anticonvulsants other than Neurontin to treat his neuropathic pain. Therefore, further documentation would be needed indicating why the injured worker requires topical analgesics at this time. Moreover, no documentation was provided indicating why the injured worker required a combination of lidocaine and menthol over lidocaine alone, in the formulation of a Lidoderm patch. In the absence of further clarification regarding the injured worker's need for Terocin patches, and as the guidelines do not recommend formulations of lidocaine other than the Lidoderm patch at this time, the request is not supported. In addition, the request failed to provide a quantity. Based on the above, the request is not medically necessary.