

Case Number:	CM14-0044578		
Date Assigned:	07/02/2014	Date of Injury:	03/07/2010
Decision Date:	08/19/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/11/2014

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 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 65-year-old male who reported an injury on 03/07/2010. The mechanism of injury was noted as a fall. On 06/19/2014, the injured worker presented with neuropathic pain. The current diagnosis for a lumbar disc disease with radiculopathy and neuropathic pain, cervical and thoracic disc disease, sacroiliac joint and facet joint arthropathy, myofascial syndrome involving the whole spine, suprascapular neuropathy and reactive sleep disturbance. The physical exam revealed severe chronic neuropathic pain and myofascial pain. It involved the low back, mid back, upper back, neck, shoulders, legs and feet. There was decreased range of motion of the lumbar spine and a positive straight leg raise. There was also abnormal sensation and loss of sensation in the bilateral legs. Deep tendon reflexes were 0 and both ankles were weak, along with weakness in the left hip. There was atrophy of the injured worker's quadricep muscles, confirmed by measurement and there was pain at the sciatic notches, sacroiliac joint and facet joints. Prior treatment included medications. The provider recommended Terocin patches because the injured worker gets good relief. The Request for Authorization form is 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:

Retrospective request for Terocin (duration unknown and frequency unknown) dispensed on 02/18/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The California MTUS Guidelines indicate that topical analgesia is largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesia is 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 lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy such as Tricyclic or SNRI (serotonin-norepinephrine reuptake inhibitors), antidepressants or an AED (anti-epilepsy drug) such as gabapentin or Lyrica. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gel) are indicated for neuropathic pain. The California MTUS Guidelines recommends treatment with topical salicylates. Terocin patches are topical lidocaine and menthol. The provider's request does not indicate the dose, frequency or quantity of the Terocin patches in the request as submitted. As such, the request is non-certified.