

Case Number:	CM14-0047837		
Date Assigned:	07/02/2014	Date of Injury:	05/19/2007
Decision Date:	08/27/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/14/2014

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 Cert Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 54-year-old male with a reported date of injury on 05/19/2007. The mechanism of injury was not provided within the medical records. His diagnoses included low back pain, ongoing headaches, depression, bilateral Achilles masses, left sided facial numbness and left sided chest pain of unknown etiology, upper and lower extremity paresthesias, degenerative disc disease of the cervical spine, cervical stenosis, and lumbar radiculopathy. Prior treatments included pain psychology and a home exercise program. The injured worker had an examination on 10/16/2013. The injured worker continued to complain of neck and low back pain rated 7-8/10. He continued to have burning, extending to the foot, with numbness into his toes which was greater on the left side than on the right. He also complained of numbness into his arms. The injured worker complained of abdominal pain and he was undergoing treatment for an ulcer. It was reported that the injured worker had stopped taking all of his pain medications and that his pain level had been worse. He did report that he had been using the Terocin patches and that they did provide some relief. He reported that the patches increased his level of function and decreased his pain. Upon examination, range of motion of the cervical and lumbar spine was decreased in all planes. He had decreased sensation on the left in the L4 and L5 dermatomes. His motor function was a 5/5 bilaterally. The injured worker also had an updated, more recent examination on 02/14/2014 that was in regards to his abdominal pain. The physician noted he felt the injured worker's complaints of gastrointestinal upset at that time were related to the medications prescribed for back pain. The provider indicated the injured worker had a persistent H. pylori infection that was refractory to a course of Metronidazole and Clarithromycin. The provider recommended the injured worker continue treatment with Omeprazole and Pepto-Bismol while taking antibiotics. The medications provided included Prilosec and Terocin patches. The recommended plan of treatment was for him was to continue his home exercise

program and to continue the medications to include the Terocin patches. The request for the Terocin patches was signed and dated for 10/16/2013. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical Transdermal Anesthetic Cream/Gels Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter; Capsaicin Topical and Topical Analgesics, Compounded.

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

Decision rationale: commercially approved topical formulation of lidocaine indicated for neuropathic pain. Lidocaine is also recommended for pain after there has been evidence of a trial base of first line therapy, such as a tricyclic antidepressant or an antiepileptic drug. The injured worker does not have a diagnosis of diabetes or neuropathy. There is no evidence that those medications have been tried and have failed. Per the documentation it was noted the physician the injured worker's complaints of gastrointestinal upset at that time were related to the medications prescribed for back pain. The provider indicated the injured worker had a persistent H. pylori infection that was refractory to a course of Metronidazole and Clarithromycin. The guidelines do not recommend Lidocaine for topical application in forms other than Lidoderm. As the guidelines do not recommend the use of compounds which contain one or more drug or drug class that is not recommended, the medication would not be indicated. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, Terocin Patches #10 are not medically necessary.