MAXIMUS Federal Services

Case Number:	CM14-0049846		
Date Assigned:	07/07/2014	Date of Injury:	05/27/2009
Decision Date:	08/13/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/17/2014

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 and Rehabilitation and is licensed to practice in Texas. 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 39 year old male with 5/27/2009 date of injury. He is treating for diagnoses cervical and lumbar IVD displacement and degenerative disc disease. The patient had a follow-up evaluation on 3/05/2014, regarding complaint of neck pain and low back pain rated 6/10, associated symptoms of neck stiffness, spasms, and radiation of pain into the lower extremities is also reported. Alleviating factors include medications, therapy/exercise, and rest. Medication usage includes Flector patches, tramadol, Zanaflex, lidocaine 4%/menthol 4% adhesive patch. The patient felt Terocin patch sample he was provided at his last appointment was more helpful than Flector patch. He continues to take Tramadol BID and Zanaflex at night. He continues working regular duties. Physical examination reveals normal neurological examination, normal gait/posture, paraspinal tenderness 1+ muscle spasm, normal range of motion except for limited cervical rotation, limited lumbar flexion, extension and side bending, and normal motor strength. The patient is prescribed Terocin patches #30, lidocaine 4%/menthol 4% patches #30, to C/S and L/S PRN pain, and also continues Tramadol and Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 4% Menthol 4% adhesive patch #30: 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): 111-113.

Decision rationale: The CA MTUS state only Lidocaine in the formulation of Lidoderm patch may be considered for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. The patient's diagnoses are cervical and lumbar IVD displacement and degenerative disc disease. The medical records do not establish a diagnosis of diabetic neuropathy or neuropathic pain. Topically applied lidocaine is not recommended for non-neuropathic pain. The patient tolerates standard oral medications. There is no evidence of neuropathic pain condition or failure of standard first-line therapies. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records do not establish this topical patch is medically necessary and appropriate for this patient. The request is not medically necessary in this case.

Terocin (Lidocaine menthol) 4%-4% adhesive patch #30: 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): 111-113.

Decision rationale: The CA MTUS state only Lidocaine in the formulation of Lidoderm patch may be considered for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. The patient's diagnoses are cervical and lumbar IVD displacement and degenerative disc disease. The medical records do not establish a diagnosis of diabetic neuropathy or neuropathic pain. Topically applied lidocaine is not recommended for non-neuropathic pain. The patient tolerates standard oral medications. There is no evidence of neuropathic pain condition or failure of standard first-line therapies. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records do not establish this topical patch is medically necessary and appropriate for this patient. The request is not medically necessary in this case.