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| Case Number: | CM14-0051667 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 08/08/2012 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 03/20/2014 |
| Priority: | Standard | Application Received: | 04/18/2014 |

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, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 46-year-old male with an 8/8/12 date of injury, from a slip and fall. The 3/6/14 progress note described 9/10 pain and inability to do much activity at home. The patient's gait was antalgic and he is utilizing a cane for ambulation. The patient was noted to have intractable lumbar pain with radiculopathy that has recently has exacerbated, as well as a possible inguinal hernia on the right. Treatment plan discussed epidural steroid injection (ESI), general surgeon consultation, psychological evaluation, and medications. Progress note dated 2/6/14 described ongoing neck and low back pain with tenderness and spasms on physical examination. Current medications include Norco, Neurontin, and Lexapro. The patient is pending authorization for internal medicine consultation and for general surgery. Psychological consultation was also requested. The 1/9/14 progress note documented that trigger point injections were necessary, and Terocin patch was prescribed. Treatment to date has included activity modification, trigger point injections, lumbar ESI, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin Patch (duration unknown and frequency unknown) dispensed on 02/06/2014 for treatment of sciatica and enthesopathy-hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain medical treatment guidelines page 112MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for

Decision rationale: Medical necessity for the requested Terocin patch is not established. It is noted that the patient is prescribed Norco, Neurontin, and Lexapro. However, MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. Topical lidocaine is supported, when there is evidence of failure of first line medications, including antidepressants, Gabapentin or Lyrica. The patient is currently prescribed Neurontin and an antidepressant, without any documentation of failure in medications. The 1/9/14 note documented that the patient obtains Neurontin, Norco, and patches. Duration of use has not been discussed, as well as any functional improvement or improvement in VAS pain scores. The request is not medically necessary.