

Case Number:	CM14-0054610		
Date Assigned:	07/07/2014	Date of Injury:	06/04/2006
Decision Date:	08/27/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/22/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 46 year old male with date of injury of 6/4/2006. A review of the medical records indicates that the patient is undergoing treatment for lumbar and knee pain. Subjective complaints include persistent left knee pain, and low back pain. Objective findings include tenderness of the cervical paravertebral muscles, positive Tinel and Phalen signs at the wrist, and tenderness of the lumbar paravertebral muscles; tenderness of the left knee and pain with terminal flexion. The patient's treatment has included left knee arthroscopy, cervical disc replacement, posterior lumbar interbody fusion, physical therapy, Naproxen, Cyclobenzaprine, Sumatriptan, Tramadol, and Norco. The utilization review dated 3/28/2014 non-certified a Terocin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Terocin patch (lidocaine 600mg menthol 600mg): 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, Lidoderm patches Page(s): 111, 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical analgesics and on the Non-MTUS website UpToDate.com, Lidocaine (Topical).

Decision rationale: Terocin patch is topical pain patch that contains Lidocaine and menthol. ODG states Lidocaine topical patches are not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Medical documents do not show the patient as having post-herpetic neuralgia. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The treating physician did not document a trial of first line agents and the objective outcomes of these treatments. Medical records do not indicate a trial of tricyclic anti-depressants and the success or failure resulting from them. As such, the request for a compound Terocin patch is not medically necessary.