

Case Number:	CM14-0055588		
Date Assigned:	07/09/2014	Date of Injury:	05/10/2012
Decision Date:	08/29/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/24/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Hawaii, Illinois and Iowa. 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 patient is a 40 year old employee with date of injury of 5/10/2012. Medical records indicate the patient is undergoing treatment for degenerative disk disease (DDD) with facet arthropathy and left-sided neuroforaminal narrowing at L3-L4 and L4-L5, lumbar canal stenosis mild at L3-L4 and mild to moderate at L4-L5, lumbar radiculopathy and lumbar sprain and strain. The patient recently had a hernia repair (no date). Subjective complaints include numbness in both legs that was worse on the left and extended to the feet and he also complained of back pain. Objective findings include an electrodiagnostic consultation which documented no electrodiagnostic evidence of focal nerve entrapment, lumbar radiculopathy or generalized peripheral neuropathy affecting his lower limbs (dated 7/18/2013). He also had an MRI of the lumbar spine (dated 8/9/2013) documented degenerative disk disease (DDD) with facet arthropathy and retrolisthesis at L3-4 and L4-5, canal stenosis mild at L3-4 and mild-to-moderate canal stenosis at L4-5 with narrowing of the left greater than right lateral recesses, and neural foraminal narrowing including L3-4 caudal left, L4-5 mild left and caudal right caudal neural foraminal narrowing. The patient's gait was mildly antalgic during his exam. The range of motion of the lumbar spine was limited by pain. There was diffuse tenderness to palpation over the lumbar spine with spasms. There was a positive facet load bilaterally at L4 and L5. He had decreased sensation over the L5 dermatome on his right. His strength of the tibialis anterior, extensor hallucis longus (EHL), inversion and eversion were 4+/5 bilaterally. His quadriceps and hamstrings were 5-/5 bilaterally. A Qualified Medical Evaluation dated 1/6/2014, indicated that the patient had not reached maximal medical improvement. Treatment has consisted of 13 chiropractic treatments, Flexeril for spasms and Terocin cream as needed. The patient said that Naproxen and Flexeril decreased his pain by 50 percent, increased his sleep, allowed him to walk for an additional 20 minutes and allowed him

to increase his activity level at work. The utilization review determination was rendered on 4/1/2014 recommending non-certification of Terocin Patches # 10 RETRO 02/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches # 10 RETRO 02/19/2014: 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, Lidoderm patches Page(s): 111,page(s) 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, Lidocaine (topical).

Decision rationale: Terocin Patch is topical pain patch that contains lidocaine and menthol. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. MTUS states regarding topical analgesic creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Lidocaine is not supported by the treatment guidelines. As such, the request for Terocin Patches # 10 RETRO 02/19/2014 are not medically necessary at this time.