

Case Number:	CM14-0057034		
Date Assigned:	07/09/2014	Date of Injury:	09/07/2006
Decision Date:	09/08/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/28/2014

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 Occupational 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 32-year-old female who has submitted a claim for lumbar radiculopathy secondary to disc herniation at the L4-5 level, s/p hemi-laminectomy L4-5, associated with an industrial injury date of September 7, 2006. Medical records from 2013 were reviewed. The progress report, dated 11/25/2013, showed severe back pain that was radiating into the right leg and has been associated with a weakness and numbness sensation of the right leg. The back pain increased with any type of activity and was only partially reduced by taking pain medications. Physical examination revealed strength of 4/5 of the right dorsiflexors, plantar flexors, and hamstring muscles with sensory loss to light touch, pinprick, and two-point discrimination in the right foot involving both the dorsal and the plantar aspect of the right foot. There was limping and was unable to stand on her right leg. She was unable to do tandem gait. The straight-leg raising test was positive at 30 degrees in the right leg. There was severe muscle spasm in the lumbosacral muscles. Treatment to date has included posterior hemi-laminectomy L4-5, transdermal analgesic ointments, physical therapy, chiropractic treatment, epidural injections, and oral medications. This type of topical preparation was only recommended if there has been a failed trial of antidepressants or anticonvulsants; however, the patient has been on Norco as well as Topamax for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch (duration and frequency unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), pages 56-57; Topical Analgesics, Lidocaine, page 112 Page(s): 56-57; 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

Decision rationale: The Terocin Patch contains 4% lidocaine and 4% menthol. As stated in page 112 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. In addition, topical lidocaine may be recommended 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). Regarding the Menthol component, the MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, the initial date of usage of Terocin patch was not specified. The medical review revealed the patient has been on a trial of first-line therapy such as Topamax. The patient presented with neuropathic pain; hence, Terocin patch is appropriate. However, the dosage, quantity to be prescribed, duration and frequency were not specified. The request is incomplete. Therefore, the request for Terocin patch (duration and frequency unknown) is not medically necessary.