

Case Number:	CM14-0057311		
Date Assigned:	07/09/2014	Date of Injury:	09/08/2004
Decision Date:	09/03/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/27/2014

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 49-year-old female who has submitted a claim for lumbago associated with an industrial injury date of September 8, 2004. Medical records from 2006 to 2014 were reviewed. The patient complained of low back pain and bilateral leg pain accompanied by numbness and tingling in the feet and weakness of the bilateral lower extremities. The pain is constant in frequency and severe in intensity rated 9/10. The pain decreases with medications. Physical examination showed limitation of motion of the lumbar spine; mild loss of lumbar lordosis; tenderness of the bilateral lumbar paraspinal muscles; gluteal muscle spasm; positive lumbar facet loading maneuver bilaterally; positive Patrick's and Gaenslen's maneuver; and decreased sensation in the bilateral L5 and S1 dermatomes. The diagnoses were lumbosacral spondylosis without myelopathy, displacement of lumbar intervertebral disc without myelopathy, chronic pain syndrome, and opioid type dependence, continuous. Treatment plan includes a request for Terocin patch refill. Treatment to date has included oral analgesics, muscle relaxants, physical therapy, home exercise program, heat and cold modalities, lumbar epidural steroid injection (ESI), medial branch blocks, and psychotherapy. Utilization review from March 28, 2014 denied the request for 30 Terocin patches because it contains capsaicin and topical NSAIDs, which are not recommended for such condition. It also contains topical lidocaine that has only one approved formulation, which is Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 30 Terocin patches (DOS:03/06/2014): Overturned

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); Topical Analgesics, Lidocaine Page(s): 56-57, 112.

Decision rationale: Terocin Patch contains 4% lidocaine and 4% menthol. According to CA 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 serotonin-norepinephrine reuptake inhibitors (SNRI) anti-depressants or an anti-epilepsy drug (AED) such as gabapentin or Lyrica). In this case, the patient was prescribed Terocin patch since August 23, 2013. She has undergone trial of Cymbalta and Lyrica on May 2007. The guideline recommends lidocaine in the form of dermal patch for neuropathic pain after trial of antidepressants or AED. The medical necessity has been established. Therefore, the request for Terocin Patch #30 on 3/6/14 was medically necessary.