

Case Number:	CM14-0057822		
Date Assigned:	07/18/2014	Date of Injury:	06/13/2010
Decision Date:	10/01/2014	UR Denial Date:	04/15/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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 41 year old female who was injured on 06/13/2010. The mechanism of injury is unknown. Prior medication history included Lidoderm patch, OxyContin, and Percocet. She has been treated conservatively with physical therapy. Progress report dated 03/24/2014 documented the patient to have complaints of recurrent pain to her right gluteus for which she received a trigger point injection for. On exam, a trigger point is identified I right proximal portion of the gluteal maximus. The patient received another trigger point injection to the affected area. She has a diagnosis of low back pain and is recommended Terocin patches to be used as directed. Prior utilization review dated 04/15/2014 states the request for Terocin Patch 3 Boxes of 10 is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch 3 Boxes of 10: 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 Page(s): 111-113. Decision based on Non-MTUS Citation website, <http://www.drugs.com/pro/terocin.html>

Decision rationale: The MTUS guidelines regarding topical analgesics states "Lidocaine indication: neuropathic pain; Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica." In this case, there is no documentation of prior first-line therapy medication trials. In addition, there is no documentation of neuropathic pain. Therefore, based on the guidelines and criteria, as well as the clinical documentation, the request is not medically necessary.