MAXIMUS Federal Services

Case Number:	CM14-0059857		
Date Assigned:	07/09/2014	Date of Injury:	09/04/2009
Decision Date:	08/27/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 54-year-old male who reported an injury on 09/04/2009. The mechanism of injury was not provided. On 05/20/2014, the injured worker presented with back pain and anterior and posterior left leg pain. Upon examination of the lumbar spine, the flexion was 50 degrees with sitting left lower back and SI pain. There was 15 degrees of extension, 15 degrees of bilateral bending, and 15 degrees of bilateral extension that elicits left low back pain. There was tenderness to palpation over the left paraspinals adjacent to the L3 to L5 and over the left SI joint. There was also positive straight leg raise to the left. The diagnoses were L4-5 disc bulge with L5 radicular pain and status post right total knee replacement. Prior therapies included physical therapy. The provider recommended retrospective Terocin patches for 03/11/2014; the provider stated that this is the only medication that is being used for pain relief. The request for authorization form was dated 05/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin Patches (4% Menthol 4% Lidocaine) (Qty.=boxes) dispensed on 3/11/14 quantity: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111 Page(s): 111..

Decision rationale: The request for retrospective Terocin patches (4% menthol, 4% lidocaine) dispense on 03/11/2014 with a quantity of 3 is not medically necessary. The California MTUS indicates that topical analgesics are primary recommended in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Capsaicin is recommended only as an option in injured worker's who have not responded or are intolerant to other treatments. The California MTUS Guidelines indicate that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy tricyclic or SNRI antidepressant or an AED such as gabapentin or Lyrica. There is no other commercially approved topical formulations of lidocaine indicated for neuropathic pain. The California MTUS Guidelines recommend treatment with topical salicylates. Terocin is a topical analgesic containing capsaicin/lidocaine/menthol/and methyl salicylate. There is lack of evidence that the injured worker is unresponsive or intolerant to other treatments. Additionally, the guidelines state that Lidoderm is the only formulation of lidocaine indicated for neuropathic pain. There is lack of evidence of a trial of a first line therapy. Additionally, the provider's request does not indicate the frequency of the Terocin patches or the site that is indicated in the request as submitted. As such, the request is not medically necessary.