

Case Number:	CM14-0062798		
Date Assigned:	07/11/2014	Date of Injury:	08/28/2012
Decision Date:	09/09/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/05/2014

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 Neurology 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 Injured Worker (IW) is a 55 year-old male who injured his lower back on 8/28/2012 as reports say he slipped and fell while lifting a 65-80 pound car seat. An Agreed Medical Examination (AME) dated 1/9/2014 indicates that the IW complains primarily of constant dull pain in his lower back with symptoms occasionally radiating down the right lower extremity. The primary diagnosis is Lumbosacral sprain/strain. Physical examinations reported in the AME of 1/9/2014 and the Primary Treating Physician's (PTP) report of 12/17/2013 note loss of lumbar spine range of motion. Neurological findings were normal/symmetric bilaterally for reflexes (2+), motor strength (4/5 bilaterally), and sensation, with no muscle atrophy noted. Records indicate that physical therapy has been recommended. It is apparent from the earliest record provided, a PTP report dated 10/24/13, that the IW has been treated with Deprizine (contains rantidine), Dicopanor (contains diphenhydramine), Fanatrex (gabapentin), Synapryn (tramadol and glucosamine), Tabradol (cyclobenzaprine and methylsulfonylmethane), Cyclophene (cyclobenzaprine hydrochloride), and a topical Ketoprofen cream. Reports also indicate that the IW has received three epidural steroid injections which progressively gave some symptoms relief, and that he has been using electrical patches at home. A Utilization Review (UR) dated 4/24/2014 indicates that a retrospective request for approval for an unknown quantity/unknown frequency of Terocin patches for "cervical strain/strain" (as dispensed on 3/11/2014) was submitted on 3/21/2014. This retrospective request was determined to be medically unnecessary in the 4/24/2014 UR. (Note: none of the medical reports submitted for this review reference any cervical spine complaints.)

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches (quantity unknown)(date of service 03/11/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Indication Page(s): p. 112.

Decision rationale: Terocin Patch is a generic formulary for Lidoderm, a commercially recognized lidocaine dermal patch. With regard to topical lidocaine, the MTUS states that the dermal patch formulation is indicated for localized peripheral neuropathic pain only after evidence that a trial of first-line therapies (anti-depressants and anti-epileptics) has been documented. The records reviewed do not provide a history indicating that the recommended first-line therapies, such as tri-cyclics or SNRIs and gabapentin or Lyrica, have been tried or have failed in addressing the IW's complaints. Even so, the active diagnosis is Lumbosacral sprain/strain, and the documents submitted provide insufficient physiological evidence (significant neurological findings on a physical exam or electrophysiological studies) to substantiate pain symptoms of neuropathic origin. As the MTUS states that lidocaine treatment is not recommended for non-neuropathic pain, such as chronic muscle pain, approval for the unknown quantity of unknown frequency-of-use of Terocin Patches is not recommended. The request is not medically necessary.