

Case Number:	CM14-0063001		
Date Assigned:	07/11/2014	Date of Injury:	05/27/2010
Decision Date:	08/26/2014	UR Denial Date:	04/14/2014
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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 59-year-old male who reported an injury on 05/27/2010 due to cumulative trauma. On 05/06/2014, the injured worker presented with constant cervical spine and lumbar spine pain with spasm. Upon examination, there was a positive Spurling's, positive straight leg raise, and decreased range of motion. There was tenderness to palpation to the cervical spine, upper trapezius, and lumbar spine. The diagnoses were cervicgia and lumbago. Prior therapy included physical therapy and medications. The provider recommended Terocin patches. The provider's rationale was not provided. The request for authorization form was dated 01/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches (Lidocaine 600mg, Menthol 600 mg) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The request for Terocin patches (lidocaine 600 mg, menthol 600 mg) with a quantity of 30 is not medically necessary. California MTUS indicates that topical analgesics are

primarily recommended in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The California MTUS Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy tricyclic or SNRI antidepressant or AED such as gabapentin or Lyrica. No other commercially approved topical formulations of lidocaine whether creams, lotions, or gels are indicated for neuropathic pain. The California MTUS Guidelines recommend treatment with topical salicylates. Terocin patches are a topical lidocaine and menthol. As the guidelines do not recommend lidocaine and any other topical formulation, and there is lack of evidence that the injured worker had failed first line therapy, the Terocin patches would not be warranted. Additionally, the provider's request does not indicate the frequency, the medication, or the site that the Terocin patches were indicated for in the request as submitted. As such, the request is not medically necessary.