

Case Number:	CM14-0064651		
Date Assigned:	07/11/2014	Date of Injury:	07/06/2001
Decision Date:	11/06/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/07/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 37-year-old female who sustained a work related injury on 07/06/2001 as result of a trip and fall. The patient's most recent progress report states she complains of low back pain that radiates to the right anterior thigh with right lower extremity weakness, numbness and tingling. Her pain intensity was 3/10 at best to 7/10 at worse. Her pain is described as cramping, aching, pulsating, and throbbing. Her pain is aggravated by bending, lumbar range of motion, lifting, sitting, standing and weather changes. Her discomfort is alleviated by exercise/physical therapy, heat, ice, massages, medications, position changes and rest. Physical examination identifies a right favored antalgic gait, tenderness to palpation along the lumbar paraspinal musculature and the bilateral sacroiliac joints. Neurologic deficits include a decrease light touch sensation along the right L4-5 dermatomes with lumbar flexor and extensor strength at 4/5 and rectus abdominis strength at 3/5. Her current treatment regimen includes the use of Gabapentin, Tramadol and Terocin patches. In dispute is a decision for Terocin (lidocaine-menthol) 4%-4% adhesive patch, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin (lidocaine-menthol) 4%-4% adhesive patch, #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatment Page(s): 56-57.

Decision rationale: Lidoderm, topically, 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 inhibitor (SNRI) anti-depressants or an (AED) such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is also used off-label for diabetic neuropathy. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. As specifically outlined in the CA MTUS guidelines, Lidoderm patches are FDA approved for use in treatment of patients with post-herpetic neuralgia; a diagnosis not documented for this patient. I did not find within the provided medical documentation any evidence of a failure of tri-cyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) medication. In fact, the patient had an increase in her Gabapentin dose recently. As the guidelines have not been satisfied for authorizing this treatment, the request is not medically necessary.