

Case Number:	CM14-0072026		
Date Assigned:	07/16/2014	Date of Injury:	10/03/2013
Decision Date:	09/09/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/19/2014

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 Occupational Medicine 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 is a male with a date of injury of 10/3/2013. Per a special comprehensive orthopedic consultation report for an established patient, the injured worker complains of headaches, burning radicular neck pain and muscle spasms, burning right shoulder pain, and burning radicular low back pain and muscle spasms. He states that the symptoms persist, but medications do offer temporary relief of pain and improve his ability to have restful sleep. He denies any problems with the medications. The pain is also alleviated by activity restrictions. On examination there is tenderness to palpation at the occiputs, trapezius, splenius, scalene and sternocleidomastoid muscles, with stiffness. There are no spasms noted. Cervical spine range of motion is reduced in all planes. Cervical distraction and cervical compression tests are positive bilaterally. The right shoulder has tenderness to palpation at the trapezius, levator scapula, and rhomboid muscles as well as the acromio-clavicular joint and biceps tendon. Range of motion is reduced in all planes. The Neer's impingement sign and Kennedy-Hawkins test are positive on the right. Sensation to pinprick and light touch is decreased over the C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities. Motor strength is 4/5 in all the represented muscle groups in the bilateral upper extremities. Deep tendon reflexes are 2+ and symmetrical in the bilateral upper extremities. A lumbar spine exam reveals that the injured worker is able to heel-toe walk, however, he has pain with heel walking. There is tenderness to palpation at the paralumbar muscles, quadratus lumborum, lumbosacral junction and the PSISs, with a trigger point noted on the left side. Positive sciatic tenderness is noted. Range of motion of the lumbar spine is reduced in all planes. Tripod sign, flip test and Laseque's differential tests are positive bilaterally. There is decreased sensation to pin-prick and light touch at the L4, L5, and S1 dermatomes bilaterally. Motor strength is 4/5 in all the represented muscle groups in the bilateral lower extremities. Diagnoses include 1) status post blunt head trauma 2) cervicgia 3)

radiculopathy, cervical region 4) right shoulder pain, joint derangement, unspecified 5) low back pain 6) radiculopathy, lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Terocin Dis 4-4%(DOS 4/18/14): Upheld

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

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

Decision rationale: The requesting physician explains that Terocin patches are recommended for pain relief. The claims administrator discusses the medical necessity for Terocin lotion. There are differences in ingredients and delivery preparation between these two products. Per manufacturer's information, the Terocin Patch is a combination topical analgesic with active ingredients that include Menthol 4%, and Lidocaine 4%. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of Menthol such as 40% preparations. Lidocaine is recommended by the MTUS Guidelines for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an anti-epilepsy drug such as Gabapentin or Lyrica). Topical Lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical Lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. There is no evidence that the injured worker has failed treatment with a tricyclic, SNRI antidepressant, or an anti-epilepsy drug such as gabapentin or Lyrica, so medical necessity for this request has not been established. The request for Retrospective: Terocin Dis 4-4%(DOS 4/18/14) is determined to not be medically necessary.