

Case Number:	CM14-0076479		
Date Assigned:	07/18/2014	Date of Injury:	10/04/2001
Decision Date:	09/19/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/27/2014

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:

This is a 53-year-old female with a 10/4/01 date of injury. The mechanism of injury was not noted. According to the only progress note provided for review, dated 10/3/13, the patient stated that she has not yet had the neck injection. She stated that she was having increasing left shoulder pain. It was getting worse and hurt like it did right before surgery. She also stated that her right knee is great after the injection. She also continued to have numbness toward the left small finger which caused her to drop things. Objective findings: shoulder is tender over the anterior cuff, positive impingement signs, diminished sensation in the median nerve distribution of left hand, medial joint line tenderness of left knee. Diagnostic impression: left knee internal derangement, posttraumatic degenerative joint disease, left shoulder rotator cuff tendinitis, degenerative disc disease with radiculitis, left ulnar hand numbness referred from the cervical spine, cervical strain, left hip trochanteric bursitis, chronic pain, chronic right ankle strain with peroneal tendinitis. Treatment to date: medication management, activity modification, physical therapy, acupuncture, surgery. A UR decision dated 5/20/14 denied Terocin patches for date of service 4/15/14. There is no documentation of the patient's intolerance to first-line medications to be taken on an oral basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin Patches, #20 DOS 04/15/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

Decision rationale: MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states 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 anti-depressants or an AED such as gabapentin or Lyrica). There is no documentation that the patient has ever been on a first-line agent. Additionally, there is no documentation as to where the patch is to be applied, how often, or the duration the patch will be left on. Therefore, the request for Retrospective Terocin Patches #20 DOS 04/15/2014 was not medically necessary.