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| Case Number: | CM14-0084283 | | |
| Date Assigned: | 08/25/2014 | Date of Injury: | 11/28/2011 |
| Decision Date: | 10/08/2014 | UR Denial Date: | 05/20/2014 |
| Priority: | Standard | Application Received: | 06/04/2014 |

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 Orthopedic Surgery 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 claimant is a 49-year-old male who sustained a vocational injury on November 28, 2011. On April 14, 2014, the claimant underwent a right foot excision of a traumatic neuroma, transposition of the stump of the sural nerve into the muscle belly and an 8 centimeter advance flap of deformed skin. A May 12, 2014, office note states that the claimant is unable to use oral medication secondary to adverse side effects. While his postsurgical condition is noted to have improved over his preoperative presentation, the claimant reports that his right foot remains very painful. Recommendations include physical therapy and use of Terocin patches, which contain Lidocaine and menthol. This request is for Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches (Lidocaine 4%, Menthol 4%) 1 box with 10 patches, 3 boxes per month, apply 1-2 patches daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Drugs.com, Terocin

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the use of Terocin patches. Chronic Pain Guidelines criteria maintain that the topical use of Lidocaine is considered medically reasonable for treatment of neuropathic pain after traditional, first-line treatments have been utilized and documented to have failed. In this case, the medical records do not document findings related to neurologic pathology, and there is no reference to failure of first-line treatments. Given these factors, the request for the use of Terocin patches would not be established as medically necessary.