

Case Number:	CM14-0084537		
Date Assigned:	09/08/2014	Date of Injury:	07/09/2010
Decision Date:	10/09/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/06/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 62 year old female with a reported date of injury on 07/09/2010. The mechanism of injury was a fall. The injured worker's diagnoses included osteoarthritis of the right knee, chronic myofascial cervical and lumbar pain disorder, and carpal tunnel syndrome, and chronic left ulnar neuropathy. The injured worker's previous treatments have included immobilization in the form of a lumbar corset, a wrist brace and a right knee brace, medications, physical therapy, acupuncture, work hardening, work conditioning, steroid injections to the right knee, and Synvisc injections to the right knee. The injured worker's diagnostic testing included cervical spine, thoracic spine, lumbosacral spine, right knee, left shoulder, and bilateral hip x-rays were taken on 7/13/2010. MRIs of the left shoulder and right knee were done in the fall of 2010. On 08/20/2010 the injured worker had MRIs of her left shoulder and lumbar spine. She had an MRI of her right knee on 09/08/2010 and an MRI of her cervical spine on 10/13/2010. The right knee x-rays were repeated on 04/19/2011. She had a left upper extremity MRI on 04/24/2014. The injured worker's surgical history included a right knee arthroscopy with medial and lateral meniscal debridement and chondroplasty of the patella, and medial and lateral femoral condyle on 10/15/2010. On 11/09/2010 the injured worker had a left shoulder arthroscopy with extensive synovectomy and debridement, smoothing of the undersurface of the acromion without a formal coracoacromial ligament release or formal decompression, and rotator cuff repair. On 04/10/2014 the injured worker was seen in clinic for her first Synvisc injection to the right knee. She reported that the Terocin patch was much more beneficial than other medication including the Flector patch. The clinician prescribed Terocin patches. The injured worker was seen for third Synvisc injection to the right knee. She complained of ongoing back, neck, and knee pain. The treatment plan was to proceed with MRI and weight management. The

injured worker's medications included Tylenol with codeine, Flector patch, Terocin patch, Norco, nortriptyline, Effexor, and Ambien. Section 9: The request is for Retrospective: Terocin patch for dates of service from 4/10/2014 to 4/10/2014. The rationale for the request was not provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Terocin patch for dates of service from 4/10/2014 to 4/10/2014: 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): 112-113.

Decision rationale: The request for Retrospective: Terocin patch for dates of service from 4/10/2014 to 4/10/2014 is not medically necessary. The injured worker reported that the Terocin patch was much more beneficial than other medication including the Flector patch. Terocin patch is comprised of Lidocaine and menthol. The California MTUS guidelines state, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines recommend the use of Lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED 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. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The patch contains Lidocaine and menthol; the guidelines only recommend Lidocaine for topical application in the form of Lidoderm. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Additionally, the request did not include the site of application, frequency of use, strength, or amount to be dispensed. Therefore, the request for Retrospective: Terocin patch for dates of service from 4/10/2014 to 4/10/2014 is not medically necessary.