MAXIMUS Federal Services

Case Number:	CM14-0015293		
Date Assigned:	06/04/2014	Date of Injury:	01/09/2013
Decision Date:	09/28/2015	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male who sustained an industrial injury on 1-9-13. The orthopedic evaluation dated 3-25-13 indicates that he "hurt his neck" while opening a heavy door. At the time of the report, the injured worker complained of neck pain with radiating pain to his "bilateral parascapular region" and into his left shoulder and down his arm. He was diagnosed with left trapezial trigger, cervical sprain and cervical disorder. Treatment recommendations were for non-steroidal anti-inflammatory medications, Prilosec, physical therapy with range of motion, cervical traction and modalities, as well as range of motion exercises. In May 2013, a follow-up orthopedic visit indicated his diagnoses were herniated nucleus pulposus and cervical radiculopathy. Treatment was for acupuncture and the request for a med panel to review his medication use. He was noted to be taking Norco, Naproxen, Prilosec, and Medrox patches. A request for authorization of his medications was made. He underwent an EMG-NCV study on 8-21-13. Recommendations were for repeat studies in 3-6 months, as well as an MRI of the lumbar-cervical spine. On 6-27-13, an request for an interlaminar epidural steroid injection at the C5-C6 level was made "due to the diagnostic as well as therapeutic properties of the injection." Recommendations for chiropractic physiotherapy modalities were made. His Norco was discontinued from the Orthopedic provider, as the injured worker reported that he was receiving Vicodin from his primary care provider. He was provided with Naproxen, Prilosec, and Terocin cream. On 8-16-13, he was noted to complain of neck and bilateral upper extremity pain, rating "5 out of 10." In addition to the above-noted diagnoses, he was diagnosed with moderate to severe disc space narrowing at C5-C6 and bilateral wrist hand carpal tunnel

syndrome. The treatment plan was for an orthopedic consult to take over care as a primary treating physician. An EMG-NCV of the right upper extremity was recommended to "further evaluate his right upper extremity complaints." Other treatment recommendations included chiropractic treatments, continued request for the interlaminar epidural steroid injection C5-6, and to continue medications. The Terocin was changed to Terocin patches. The initial orthopedic consultation for primary treating physician took place on 9-16-13. The Terocin patches were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches, 10 patches #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Indication Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Lidoderm-Lidocaine patch.

Decision rationale: The patient presents with neck pain radiating to the bilateral upper extremities. The request is for TEROCIN PATCHES, 10 PATCHES #2. Physical examination to the cervical spine on 11/11/13 revealed tenderness to palpation. Range of motion was decreased in all planes. Decrease in sensation was noted over the C5, C6, and C7 dermatome. Per Request For Authorization Form dated 09/16/13, patient's diagnosis include cervical spine multilevel degenerative disc disease, central and foraminal stenosis moderate to severe C4-7 with radiculopathy bilateral upper extremities, and bilateral carpal tunnel syndrome. Patient's medications, per 09/16/13 progress report include Omeprazole, Hydrocodone, Treocin Patch, and Naproxen. Per 11/11/13 progress report, patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment guidelines, page 112 under Lidocaine Indication: "topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therap, tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica." Page 112 also states, “Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." ODG Pain chapter, under Lidoderm, Lidocaine patch, specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." The treater has specifically discussed this request. Review of the medical records provided do not show a prior use of the patch and it appears that the treater is initiating them. In this case, the patient continues with neck pain radiating to the bilateral upper extremities and is diagnosed with cervical spine multilevel degenerative disc disease, central and foraminal stenosis moderate to severe C4-7 with radiculopathy bilateral upper extremities. The patient does not present with localized, peripheral neuropathic pain for which this medication is indicated. This topical is also not indicated for axial spinal pains, or joint pains. The request IS NOT medically necessary.