

Case Number:	CM14-0191003		
Date Assigned:	12/24/2014	Date of Injury:	03/07/2010
Decision Date:	01/26/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/17/2014

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 Montana. 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 has a date of injury of 3/7/10 when a chair broke causing him to fall. He continues to complain of low back pain with bilateral radicular symptoms. Diagnoses are lumbar go with bilateral radiculopathy neuropathic pain, cervical and thoracic disc disease with cervical radiculopathy, SI joint and facet arthropathies, myofascial syndrome involving the entire spine, and left hip osteoarthritis. Electrodiagnostic testing did confirm a left L5 radiculopathy. Treatment has included Neurontin, oxycodone and topical analgesics. The primary treating physician has requested Terocin 4% lidocaine patch quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 4% Lidocaine Patch Qty 30: 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): 111-112.

Decision rationale: Terocin patches contain lidocaine 4% and menthol 4%. The MTUS notes that use of topical analgesics is largely experimental with few trials to determine efficacy or safety. Specifically, topical lidocaine is recommended only for neuropathic pain after a trial of

first-line therapy. The use of menthol is not supported in the MTUS. The MTUS does state that if a compounded product contains at least one component that is not recommended, the compounded treatment itself is not recommended. As such the request for Terocin 4% lidocaine patch, #30, is not medically necessary.