

Case Number:	CM14-0199321		
Date Assigned:	12/09/2014	Date of Injury:	09/24/2013
Decision Date:	01/26/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 59 year old female with an injury date of 9/24/13. Based on the 11/4/14 progress report, patient complains of discomfort that includes some "numbness and tingling from her leg down to her calf on the left side and on the right side from her leg all the way down to her toes." Exam shows patient is unable to perform a heel walk or a toe walk without significant pain and producing grimacing. Patient is tender to palpation in the lumbar paravertebral musculature, especially on the right side and at the right greater trochanter, as well as the lateral aspect of her upper thigh. Lumbar active range of motion: flexion of 12", extension of 5 degrees, right lateral bending at 20 degrees, left lateral bending at 100 degrees, right and left rotation of 45 degrees. Patient also shows a positive Trendelenburg to the right as well as a positive straight leg test on the right. Diagnoses are: 1. Right S1 radicular syndrome. 2. Lumbar degenerative disk disease and facet arthrosis. 3. Iliotibial band syndrome, right. 4. Right greater trochanteric bursitis. Work status as of 11/4/14: Patient is temporarily partially disabled. The utilization review being challenged is dated 11/14/14. The request is for Terocin patches trial #10. The requesting provider has provided reports from 5/10/14 to 11/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches trial, #10: 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; lidoderm patches Page(s): 111-113; 56, 57.

Decision rationale: This patient presents with discomfort and pain in the lumbar paravertebral musculature, at the bilateral sciatic notches, right greater trochanter, and lateral aspect of her upper thigh. The treater requests Terocin Patches trial, #10 per report dated 11/4/14. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI (serotonin-norepinephrine reuptake inhibitor) anti-depressants or an AED (antiepilepsy drug) such as gabapentin or Lyrica)." MTUS page 112 also states that lidocaine is indicated for neuropathic pain and is recommended for localized peripheral pain."According to the 9/19/14 report, this patient was dispensed a trial of 10 (ten) Terocin patches as she does not like to take oral pain medications. Patient presents with radicular pain from her hip down her thigh to calf and from her leg to her toes. Requesting provider does not indicate why another trial of #10 Terocin patches warrant a medical necessity, given the lack of any specific documentation of analgesia, adverse side effects, or pain assessments/outcome measures. Furthermore, the 11/4/14 report documents that patient presents with 8/10 pain in her back but Terocin patches did not help relieve her discomfort and is willing to forgo the use of Terocin patches. Finally, topical lidocaine is recommended for peripheral, localized neuropathic pain that this patient does not present with. The request is not medically necessary.