

Case Number:	CM14-0061998		
Date Assigned:	07/11/2014	Date of Injury:	10/21/2012
Decision Date:	04/07/2015	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/29/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 28-year-old male, who sustained an industrial injury reported on 10/21/2012. He has reported constant right ankle/foot pain, improved on medications. The diagnoses were noted to include status-post right ankle surgery. Treatments to date have included consultations; diagnostic urine, laboratory and imaging studies; and medication management with genetic testing profile assessment. The work status classification for this injured worker (IW) was noted to be temporarily totally disabled. On 3/21/2014, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/31/2014, for Terocin (lidocaine, menthol) pain patches, 2 boxes. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, topical analgesics; and the American College of Occupational and Environmental Medicine, initial approaches to treatment chapter 3, topical medications, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin (lidocaine, methol) Pain Patch 2 boxes: 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.

Decision rationale: Terocin patches is formed by the combination of Lidocaine and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Terocin patch contains Lidocaine a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above Terocin patches is not medically necessary.