

Case Number:	CM15-0002670		
Date Assigned:	01/13/2015	Date of Injury:	03/29/2011
Decision Date:	03/10/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/06/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This injured worker is a 57 year old female who sustained an industrial injury on March 29, 2011. The injured worker experienced back pain radiating to the hips. Diagnoses include lumbar disc displacement without myelopathy, cervical disc degeneration, chronic pain syndrome and carpal tunnel syndrome. Treatment to date has included diagnostic testing, pain management, physical therapy and chiropractic treatments. The documentation dated October 2, 2014 notes that the injured worker reported low back pain and right upper extremity pain. She rated the pain at a seven out of ten on the Visual Analogue Scale. The pain was characterized as achy and sharp. The pain radiates to the right shoulder and right arm into the hand. The current pain medications are helping with the pain. Physical examination revealed lumbar range of motion to be decreased. Straight leg raise was positive on the right side. Right hand examination revealed a positive carpal tunnel compression test. On January 6, 2015, the injured worker submitted an application for IMR for review of retrospective Terocin Patches # 30. On December 10, 2014 Utilization Review evaluated and non-certified the request for Terocin Patches. The MTUS, Topical Analgesic Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective pharmacy purchase of Terocin patches (Lidocaine 600mg, Menthol 600mg)
#30 DOS: 10/30/14: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm &Methyl Salicylate Page(s): 56 & 105.

Decision rationale: Retrospective pharmacy purchase of Terocin patches (Lidocaine 600mg, Menthol 600mg) #30 DOS: 10/30/14 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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 anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. The guidelines state that 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 anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Menthol is an ingredient which is found in Ben Gay which is supported by the MTUS. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. The request is not medically necessary.