

Case Number:	CM15-0100908		
Date Assigned:	06/03/2015	Date of Injury:	10/23/2006
Decision Date:	07/01/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/26/2015

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: California
Certification(s)/Specialty: Emergency 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 65 year old male, who sustained an industrial injury on 10/23/2006 reporting low back complaints. Most current documentation submitted for review was a provider visit dated 03/12/2015; the injured worker has reported low back pain. On examination of the lumbar spine was noted as restricted range of motion, with muscle guarding. Tenderness to palpation was noted of the lumbosacral region with multiple trigger points of discomfort. Intermittent numbness and tingling was noted which was related to L5-S1 radiculopathy. The diagnoses have included status post laminectomy/discectomy in the lumbar spine with chronic bilaterally foraminal stenosis at L5-S1 and multiple disc protrusion with nerve root irritation on L5-S1. Treatment to date has included medication: Tramadol, Naproxen, Terocin, Omeprazole, and Lidocaine patches, as well as acupuncture and laboratory studies. Pain level was noted as 8/10 at its worse and decreases by 50% percent with medication. He was noted to be able to perform activities of daily living with current medication. The injured worker was noted as permanent and stationary. The provider requested Terocin Lidocaine patches (4% Lidocaine/ 4% Menthol) in attempt to decrease the amount of opiate intake.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lidocaine patches (4% Lidocaine/ 4% Menthol) #3 boxes dispensed 5/12/15:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 111-113, Topical Analgesics Page(s): 111-113.

Decision rationale: The requested Terocin Lidocaine patches (4% Lidocaine/ 4% Menthol) #3 boxes dispensed 5/12/15 is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has low back pain. On examination of the lumbar spine was noted as restricted range of motion, with muscle guarding. Tenderness to palpation was noted of the lumbosacral region with multiple trigger points of discomfort. Intermittent numbness and tingling was noted which was related to L5-S1 radiculopathy. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Terocin Lidocaine patches (4% Lidocaine/ 4% Menthol) #3 boxes dispensed 5/12/15 is not medically necessary.