

Case Number:	CM15-0160936		
Date Assigned:	08/27/2015	Date of Injury:	01/09/2010
Decision Date:	10/08/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/18/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 49 year old male patient, who sustained an industrial-work injury on 1-9-10. He reported initial complaints of lumbar spine pain due to a slip and fall. The diagnoses include lumbar spine myofascitis with radiculitis. Per the doctor's note dated 6/28/15, he had complains of ongoing left leg and foot numbness pain, lower back pain with stiffness and left hip pain with stiffness. The physical examination revealed lumbar tenderness, left sciatic notch tenderness, weakness left leg with left foot drop and absent left Achilles reflex. The medications list includes Naprosyn, Terocin, Cyclobenzaprine, Gabapentin, and Lidocaine patch 5%. Treatment to date has included medication and surgery (lumbar spine fusion). Current plan of care includes renew current medication and custom orthotics. The Request for Authorization date was 6-10-15 and requested service included Terocin patch #60, refill x2. The Utilization Review on 7-29-15 denied the request due to lack of indication for use (Lidoderm and menthol) and also there is also an order for renewal of Lidocaine patch 5% making the request redundant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch #60 REFx2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Terocin patch #60 REFx2. Terocin patch contains Menthol and Lidocaine. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine Indication: Neuropathic pain 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). Non-neuropathic pain: Not recommended." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Patient was taking gabapentin. Failure of antidepressant is not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence to support the use of menthol in combination with other topical agents. The medical necessity of Terocin patch #60 REFx2 is not fully established for this patient. The request is not medically necessary.