

Case Number:	CM15-0164101		
Date Assigned:	09/01/2015	Date of Injury:	03/08/2004
Decision Date:	10/05/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/21/2015

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 71 year old female patient, who sustained an industrial injury on 3-8-04. The diagnoses include lumbar radiculopathy; cervical radiculopathy; lumbar postlaminectomy syndrome; osteoarthritis of knee; displacement of the cervical intervertebral disc without myelopathy; degeneration of the cervical intervertebral disc; depressive disorder; disorder of the lumbar disc; displacement of thoracic intervertebral disc without myelopathy. Per the PR-2 notes dated 8-11-15 she has had a significant flare of pain to require an emergency room (ER) visit several months ago. She had cervical spine pain radiating into her left shoulder girdle and left upper extremity. Since that time, she has had an MRI of the cervical spine and the provider would like to review it again to view the disc for a "spot" on her spinal fluid. The physical examination revealed anxious, agitated and a normal gait. A prior ER visit mentioned above resulted in a Medrol Dose pack which reduced her pain level slightly. Per the note dated 8/21/15, physical examination revealed tenderness and decreased cervical spine range of motion, mild decreased strength of the bilateral shoulders. The medications list includes aspirin, lovastatin, claritin, colace, flonase, mirtazapine, percocet, zorvolex, terocin patch and lidoderm patch. She has had the cervical MRI which revealed marked disc degeneration at C5-C6 and C6-C7 with significant posterior osteophyte at C6-C7. She has undergone lumbar laminectomy. She has had physical therapy for this injury. The treatment plan was to refill her medications, continue physical therapy and encourage Aftercare and Yoga-reflexology for stress reduction. The provider is requesting authorization of Terocin 4% patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 4% patch #30: 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, pages 111-113.

Decision rationale: Terocin 4% patch #30. 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 mirtazapine. Failure of anticonvulsants 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 4% patch #30 is not fully established for this patient, therefore is not medically necessary.