MAXIMUS Federal Services

Case Number:	CM15-0195173		
Date Assigned:	10/08/2015	Date of Injury:	01/10/2013
Decision Date:	11/20/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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: Physical Medicine & Rehabilitation

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 30 year old female, who sustained an industrial injury on 01-10-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right carpal tunnel syndrome, left knee pain, lumbar intervertebral disc displacement without myelopathy, low back pain, left medial epicondylitis, fibro-myositis, chronic pain syndrome, depression and anxiety. Medical records (02-25-2015 to 08-03-2015) indicate ongoing and worsening symptoms of left elbow pain and left wrist and hand pain. Pain levels were not rated on a visual analog scale (VAS), but pain was described as constant, moderate in severity, burning and sharp. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-03-2015, revealed signs of depression; however, there were no physical exam findings noted. Relevant treatments have included: right knee arthroscopic surgery, right carpal tunnel release, physical therapy (PT), home exercise program, work restrictions, and oral pain medications. The PR and request for authorization regarding the denied medication was not available for review; however, the utilization review letter stated that the following medication was requested: retrospective request for Terocin patch (duration and frequency unknown) DOS 08/07/2015. The original utilization review (09-16-2015) non-certified the retrospective request for Terocin patch (duration and frequency unknown) DOS 08/07/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin patch duration and frequency unknown DOS 08/07/2015: Upheld

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

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

Decision rationale: Based on the 8/4/15 progress report provided by the treating physician, this patient presents with low back pain with numbness/tingling/weakness into the right lower extremity, and right knee pain rated 7-8/10 that increases to 10/10 with prolonged sitting, standing, or walking. The treater has asked for retrospective request for terocin patch duration and frequency unknown DOS 08/07/2015 on 8/4/15. The patient's diagnoses per request for authorization dated 89/21/15 are lumbago and lumbar radiculopathy. The patient also has activity intolerance and insomnia due to low back pain and right lower extremity symptoms per 8/4/15 report. The patient is s/p right wrist carpal tunnel release from 5/8/14, and an unspecified right knee surgery from 3/7/14 per 8/4/15 report. The patient had good responses to prior chiropractic treatment and prior lumbar epidural steroid injection per 8/4/15 report. Per 5/28/15 report, the patient has new onset of upper back pain/trapezius pain left > right with reduced range of motion in the neck/shoulders. The patient is currently on temporarily totally disability and has not reached MMI for this injury per 8/4/15 report. MTUS Guidelines, Topical Analgesics section, pg. 112 states: "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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics." MTUS Guidelines, Medications for Chronic Pain section, pg. 60, 61 states: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Review of the reports do not show any evidence of prior use of Terocin patches. The treater is requesting a trial of Terocin patches "for more local relief of radicular symptoms" per 8/4/15 report. However, radicular symptoms are not localized, but diffuse, involving a limb. MTUS and ODG do not support the use of lidocaine patches for diffuse peripheral pain, but localized, peripheral neuropathic pain. The request is not medically necessary.