

Case Number:	CM15-0201201		
Date Assigned:	10/16/2015	Date of Injury:	06/08/2013
Decision Date:	12/03/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/13/2015

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: New Jersey

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:

The injured worker is a 48 year old male, who sustained an industrial injury on 6-8-2013. The injured worker is undergoing treatment for: low back syndrome with radiculopathy and radiculitis. On 6-22-15, 7-17-15, he reported low back pain with radiation into the right lower extremity, rated 8-9 out of 10. The provider noted reviewing a recent repeat MRI which revealed lumbar laminectomy and fusion. Objective findings revealed slow unstable ambulation, spasm and tenderness in the low back. There is no discussion of the efficacy of Terocin patches, pain reduction, aberrant behaviors or adverse side effects. The treatment and diagnostic testing to date has included: medications, multiple physical therapy sessions, psychotherapy sessions, urine drug screen (4-29-15), CT scan of the lumbar (7-13-15), lumbar surgery (May 2014). Medications have included: docuprene, terocin patches, carisoprodol. The records indicate he has been utilizing Terocin patches since at least May 2015, possibly longer. Current work status: off work. The request for authorization is for: Terocin patch quantity 30. The UR dated 10-7-2015: non-certified the request for Terocin patch quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Terocin patches contains both lidocaine and menthol. The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, Terocin was not mentioned in the notes, suggesting this particular medication was not used prior to this request. Lidocaine patches had been recommended, but no report was found regarding how effective they were for the worker. Also, there was no evidence to show failed attempts at first-line therapies for the neuropathic symptoms. For these reasons, this request for Terocin patches is not medically necessary.