

Case Number:	CM15-0212811		
Date Assigned:	11/02/2015	Date of Injury:	12/19/2008
Decision Date:	12/14/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/29/2015

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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

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 54 year old male, who sustained an industrial injury on 12-19-2008. The injured worker is undergoing treatment for cervical degenerative disc disease (DDD) and stenosis. Medical records dated 10-7-2015 indicate the injured worker complains of neck pain rated 8 out of 10 reduced to 4-5 out of 10 with medication. He reports improved ability to care for himself and stand and sit. Physical exam dated 10-7-2015 notes cervical decreased range of motion (ROM), guarding, tenderness to palpation and multiple trigger points. Treatment to date has included multiple cervical fusions, topical and oral medication. The original utilization review dated 10-19-2015 indicates the request for retro DOS: 10.7.15 Terocin Lidocaine patch (4% lidocaine, 4% menthol) #30 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 10.7.15 Terocin Lidocaine patch (4% lidocaine, 4% menthol) #30: 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 based on Non-MTUS Citation Official Disability

Guidelines (ODG) Johar, Pramod, et al. "A comparison of topical menthol to ice on pain, evoked tetanic and voluntary force during delayed onset muscle soreness." International journal of sports physical therapy 7.3 (2012): 314.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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." Terocin is a topical patch containing lidocaine and menthol. 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. The CA MTUS or the ODG guidelines do not comment specifically on topical menthol so additional references were cited. According to the cited resource menthol does not provide significant improvements in functional status for patients with knee arthritis. As the worker is being treated for cervicgia secondary to degenerative arthritis topical menthol would not likely be beneficial for this arthritic condition. In addition there is no indication of a diagnosis of neuropathic pain. Therefore the request is not medically necessary.