

Case Number:	CM15-0032185		
Date Assigned:	02/26/2015	Date of Injury:	11/20/2013
Decision Date:	04/10/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/20/2015

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 63 year old male, who sustained an industrial injury on 11/20/13. He has reported pain in the lower back related to a motor vehicle accident. The diagnoses have included low back pain, lumbar strain, lumbar degenerative disc disease and lower extremity radiculitis. Treatment to date has included physical therapy, lumbar MRI, acupuncture and oral medications. As of the PR2 dated 12/9/14, the injured worker reports burning low back pain and muscle spasms. The treating physician noted sciatic tenderness and spasms at the lumbar paraspinal muscles. The treating physician requested Terocin patch. On 2/3/15 Utilization Review non-certified a request for Terocin patch. The utilization review physician cited the MTUS guidelines. On 2/13/15, the injured worker submitted an application for IMR for review of Terocin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The 64 year old patient presents with burning, radicular low back pain and muscle spasms, rated at 7-8/10, along with numbness and tingling in the bilateral lower extremities, as per progress report dated 12/09/14. The request is for TEROGIN PATCH. There is no RFA for this case, and the patient's date of injury is 11/20/13. Diagnoses, as per progress report dated 12/09/14, included low back pain, lumbar spine HNP, lumbar spine degenerative disc disease, and r/o lower extremity radiculitis. Medications included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine and Ketoprofen cream. The patient is working with restrictions, as per the same progress report. MTUS guidelines page 57 states, "topical lidocaine may be 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the treater is requesting Terocin patch for "pain relief". While the patient has some neurological deficit, there is no clear diagnosis of neuropathic pain. Additionally, the treater does not indicate the area for treatment and duration of use. In fact, the request does not even include the quantity of patches. The reports lack the documentation required to make a determination based on MTUS. Hence, the request IS NOT medically necessary.