

Case Number:	CM15-0055910		
Date Assigned:	04/01/2015	Date of Injury:	03/26/2009
Decision Date:	05/07/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/24/2015

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 67 year old male who sustained an industrial injury on March 26, 2009. He has reported injury to the cervical spine. Diagnoses include anterior cervical discectomy and fusion from C5-7, status post right shoulder injury, bilateral shoulder strains, an degenerative joint disease of the cervical spine. Treatment has included surgery, medications, and a home exercise program. Currently the injured worker had guarding and spasticity of the cervical spine with multiple trigger points of areas of dysfunction with palpation. The treatment plan included topical terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective topical terocin patches, unspecified quantity (DOS: 1/15/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine indication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm patches.

Decision rationale: The patient was injured on 03/26/2009 and presents with cervical spine pain and sleep discomfort. The retrospective request is for Topical Terocin Patches, Unspecified Quantity, Date Of Service 01/15/2015. There is no RFA provided, and the patient's work status is not known. Terocin patches are dermal patches with 4% lidocaine, 4% menthol. 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 treatment (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Page 112 also states: Lidocaine indication: Neuropathic pain. Recommended for localized peripheral pain. In reading ODG Guidelines, 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, and outcome documented for function and pain. The patient has a limited bilateral shoulder range of motion. The muscles are guarded and spastic bilaterally with multiple trigger points of areas of dysfunction that are notable with palpation. He has significant adhesive capsulitis in both shoulders and impingement in both shoulders with the left being more severe on examinations as well. It appears that this is the initial request for this medication. There is no indication of where these patches will be applied to or if they will be used for neuropathic pain. Furthermore, the patient does not present with peripheral localized neuropathic pain. Therefore, the requested Terocin patch is not medically necessary.