

Case Number:	CM15-0080982		
Date Assigned:	05/01/2015	Date of Injury:	04/09/2010
Decision Date:	06/12/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/28/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 52 year old male who sustained an industrial injury on 04/09/2010. Current diagnoses include cervical radiculopathy, status post cervical spine surgery x2, lumbar spine disc protrusion, lumbar spine radiulopathy, right knee chondromalacia patella, depression, stress, and sexual dysfunction. Previous treatments included medication management, cervical surgeries, aquatic therapy and home exercise program. Previous diagnostic studies include urine toxicology screening. Report dated 03/11/2015 noted that the injured worker presented with complaints that included neck pain, low back pain that radiates to the bilateral lower extremity, and right knee pain. Pain level was 7 out of 10 on a visual analog scale (VAS). Physical examination was positive tenderness in the cervical spine, tenderness and spasms along the trapezius muscles, tenderness in the lumbar spine, spasms along the paravertebral muscles bilaterally, decreased range of motion, and Patellar grind is positive on the right. The treatment plan included a prescription for Norco, request for a specialist's consultation and treatment with the orthopedic surgeon, request for a spinal consultation, continue home exercise program, and follow up in 4-8 weeks. Disputed treatments include Terocin pain patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain patch 4mg - 4% # 20 (lidocaine/menthol): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm049367.htm>.

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

Decision rationale: Terocin pain patch 4 mg - 4% # 20 (lidocaine/menthol) is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended." Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)." Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary.