

Case Number:	CM15-0083466		
Date Assigned:	05/05/2015	Date of Injury:	05/15/2014
Decision Date:	06/11/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/30/2015

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 34 year old female who sustained an industrial injury on 05/15/2014. Current diagnoses include low back pain, disc disorder lumbar, and lumbar radiculopathy. Previous treatments included medications oral and topical, TENS unit, home exercise program, acupuncture, and Toradol injection. Previous diagnostic studies include an EMG. Report dated 04/02/2015 noted that the injured worker presented with complaints that included low back pain that radiates to her left leg with numbness and tingling and a pressure type pain around the L4-5 that radiates across lateral and interior thigh. Pain level was 6 out of 10 (best) and 7 out 10 (today) on the visual analog scale (VAS). Physical examination was positive for lumbar spine tenderness, tight muscle band, and trigger points, tenderness in the gluteus muscles and posterior iliac spine, and sensory examination revealed dysesthesias over medial calf, anterior thigh, and medial thigh. The treatment plan included obtaining full medical file, request for chiropractic treatment, request for Terocin patches for the purpose of reducing pain without oral medication use and improve function. The physician noted that the injured worker has neuropathic pain. Report dated 01/07/2015 notes that the injured worker could not tolerate gabapentin due to nausea. documentation submitted supports that the injured worker has been having similar complaints since 11/13/2014. Disputed treatments include 30 Terocin patches 4%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches 4% quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Lidocaine Page(s): 57, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, Lidoderm (lidocaine patch).

Decision rationale: The patient was injured on 05/15/2014 and presents with low back pain. The request is for TEROGIN PATCHES 4% #30. The RFA is dated 04/02/2015 and the patient is currently unemployed. It appears that this is the initial request for this medication. 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 indicates: 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 is diagnosed with low back pain, disk disorder in the lumbar, lumbar radiculopathy, and encounter for long-term use of other medications. The patient has a left-sided heel strike, mid-strike, push off antalgic gait and a slow, stooped, and wide-based gait as well. On palpation, paravertebral muscles, spasm, tenderness, tight muscle band and trigger point is noted on the left side. Multiple myofascial trigger points are noted, there is tenderness over the gluteus muscles on the left side, tenderness noted over the posterior iliac spine on the left side, and dysesthesias are present over medial calf, anterior thigh, and medial thigh on the left side. It appears that this is the initial request for this medication. In this case, the patient does not present with peripheral localized neuropathic pain. Therefore, the requested Terocin patch IS NOT medically necessary.