

Case Number:	CM15-0089417		
Date Assigned:	05/13/2015	Date of Injury:	11/09/2009
Decision Date:	06/15/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/08/2015

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, 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 58 year old female, who sustained an industrial injury on November 9, 2009. The injured worker was diagnosed as having fibromyositis, displacement of lumbar intervertebral disc without myelopathy, depressive disorder, and displacement of thoracic intervertebral disc without myelopathy. Treatment to date has included psychology sessions, MRIs, physical therapy, and medication. Currently, the injured worker complains of mid back pain, increased pain levels to the upper back, low back pain, and depression. The Treating Physician's report dated April 20, 2015, noted the injured worker had been to the emergency department three times in the previous year for stress and chest pain, with a repeat holter monitor pending. The injured worker was noted to take Tylenol to manage her persistent pain symptoms and uses Lidoderm patches always on days she works, and Flector patches as needed. Physical examination was noted to show trigger points over the middle thoracic paraspinals, tenderness over the midline of the lumbar spine, and abnormal reversal lumbar lordosis. The treatment plan was noted to include a request for a psychological referral, refills of medications including Flector patch and Lidoderm patch, and discussion of daily exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lidocaine-menthol 4%-4% adhesive patch Qty 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Terocin patch, CA MTUS states that topical lidocaine is "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)." Additionally, it is supported only as a dermal patch. Within the documentation available for review, there is no documentation of localized peripheral neuropathic pain after failure of first-line treatment. Given all of the above, the requested Terocin patch is not medically necessary.