

Case Number:	CM15-0089583		
Date Assigned:	05/13/2015	Date of Injury:	09/18/1984
Decision Date:	06/18/2015	UR Denial Date:	05/03/2015
Priority:	Standard	Application Received:	05/11/2015

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: Family Practice

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 61 year old female, who sustained an industrial injury on September 18, 1984. She reported sustaining a crushed disc as the result of a fall. The injured worker was diagnosed as having postlaminectomy syndrome, lumbar disc disease, lumbar radiculitis, and lumbar pain. Diagnostic studies to date have included urine drug screening. Treatment to date has included a home exercise program, ice/heat, acupuncture, and medications including short-acting pain, long acting opioid pain, and antidepressant. On April 13, 2015, the injured worker complains of moderate to severe constant low back pain and bilateral lower extremities radicular pain, left greater than right. Her pain increases with activity. Associated symptoms include increased spasms and flopping of the left foot. The physical exam revealed a normal gait, decreased lumbar range of motion, and lumbar spine tenderness. The treatment plan includes Terocin Patches - one patch daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Terocin patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: Terocin patch contains Lidocaine 600mg and Menthol 600mg. The MTUS guidelines state that topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The request for Terocin patch is not medically necessary and appropriate.