

Case Number:	CM15-0242167		
Date Assigned:	12/21/2015	Date of Injury:	02/28/2008
Decision Date:	01/28/2016	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	12/11/2015

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: Florida

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:

This is a 50 year old female with a date of injury on 2-28-08. A review of the medical records indicates that the injured worker is undergoing treatment for multiple orthopedic complaints. Progress report dated 8-21-15 reports complaints of abdominal pain rated 7 out of 10. The pain is described as moderated to severe, aching, shooting and throbbing and radiates to the right thigh. She reports that medications are helping. She is tolerating the medications well and shows no signs of dependency. The pain is continuous and is alleviated somewhat by medications. She reports poor quality of sleep and the pain level has decreased since the last visit. Physical exam: antalgic gait, cervical spine range of motion is restricted, tender to palpation on the right side, right shoulder range of motion is restricted by pain, right hip range of motion is restricted by pain with tenderness noted over the SI joint, increased pain with lumbar flexion and extension. According to the medical records provided the injured worker has been using the requested medications since at least April 2015. Request for authorization was made for Retrospective (DOS 8-21-15) Terocin patch 4-4 percent with 3 refills and Retrospective Lidopro 4.5 (1 tube) with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin patch 4-4% with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Salicylate topical Drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: This request is for a Terocin patch, which contains Lidocaine and Menthol. In accordance with California Chronic Pain MTUS guidelines, topical Lidocaine may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried and failed on any of these recommended first line treatments. Topical Lidocaine is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Likewise, for the aforementioned reasons, the requested Terocin patch containing topical Lidocaine is not medically necessary.

Retrospective Lidopro 4.5 (1 tube) with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Salicylate topicalsDrugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: In accordance with California Chronic Pain MTUS guidelines, topical Lidocaine may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried and failed on any of these recommended first line treatments. Topical Lidocaine is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Likewise, for the aforementioned reasons, the requested Lidopro cream is not medically necessary.