MAXIMUS Federal Services

Case Number:	CM14-0115820		
Date Assigned:	09/23/2014	Date of Injury:	04/01/2011
Decision Date:	11/20/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old female who reported an injury on 04/01/2011. The mechanism of injury was not provided. Diagnoses included lumbar disc rupture and sciatica. Past treatments included medications. Pertinent diagnostic testing was not provided. Pertinent surgical history was not provided. The clinical note dated 07/10/2014 indicated the injured worker complained of pain in the low back. The physical examination revealed minimally positive straight leg raise, and tenderness along the course of the sciatic nerve on the left side. Current medications included Prilosec, and Terocin patch. The treatment plan included Terocin patches. The rationale for the treatment plan was pain control. The Request for Authorization form was completed on 07/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patches #30: Upheld

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

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

Decision rationale: The request for Terocin Patches #30 is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Terocin patches contain lidocaine 4% and menthol 4%. The guidelines indicate 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 clinical documentation provided indicated the injured worker complained of pain in the low back. She had been using the requested medications since at least 02/2014. There is a lack of documentation of the efficacy of the requested patch, including quantified pain relief and functional improvement. Additionally, Terocin patches contain lidocaine in a formulation not recommended by the guidelines. The request also does not included the frequency or specific location for using the patches. Therefore, the treatment plan cannot be supported at this time, and the request for Terocin Patches #30 is not medically necessary.