

Case Number:	CM14-0122995		
Date Assigned:	08/08/2014	Date of Injury:	05/03/2013
Decision Date:	10/07/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/04/2014

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 and Rehabilitation, and is licensed to practice in Texas. 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 patient is a 74 year old female who sustained an industrial injury on 5/3/2013 CT from clerical type activities. A prior peer review on 7/24/2014 non-certified the request for Terocin patches retro #30 (7/17/14) as the request is not medically necessary. The patient was initially evaluated by the PTP on 1/23/2014, regarding complaints of pain in the neck, lower back and bilateral shoulders. Physical examination revealed decreased ROM of the cervical spine, tenderness in the cervical and right trapezius musculature, and diffusely in the lumbar spine. The plan for treatment is medications, additional acupuncture and TENS unit. According to the PTP permanent and stationary report dated 7/17/2014, the patient complains of intermittent slight neck pain with associated occasional headache, intermittent slight lower back pain with radiation to the right over left leg, and constant slight pain in the bilateral shoulder trapezius and scapula region. Current medications include losartan, atenolol, triamterene, A.B. aspirin, ES Tylenol, and utilize a topical analgesic cream. Physical examination reveals moderately obese female with minimally antalgic gait, slightly limited cervical ROM, slight tenderness, very slight muscle spasm, negative impingement signs, full ROM of the lumbar and bilateral upper and lower extremities. Neurological examination is normal throughout. Diagnostic impressions are cervical spondylosis pre-existing, occipital cervical neuritis right side, thoracolumbar scoliosis, L3-4 and L4-5 pseudospondylolisthesis, Lumbar spine spondylosis pre-existing, exogenous obesity, GI distress. The patient's condition has not changed. She is considered P&S and at MMI. Future medical care is recommended on an as needed basis to include analgesics, anti-inflammatory medication, cortisone injections, and limited courses of PT, access to orthopedic follow-up, and if condition worsens, series of lumbar and cervical ESI and possible lumbar laminectomy. She has returned to her pre-injury job activity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #30 retrospective (7/17/14): Upheld

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

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

Decision rationale: Terocin patches contain lidocaine and menthol. The CA MTUS state only Lidocaine in the formulation of Lidoderm patch may be considered 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). The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. The medical records do not establish a diagnosis of diabetic neuropathy or neuropathic pain. Topically applied lidocaine is not recommended for non-neuropathic pain. The patient tolerates standard oral medications. There is no evidence of neuropathic pain condition nor failure of standard first-line therapies. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records do not establish this topical patch is medically necessary and appropriate for this patient. The retrospective request for Terocin patches #30 (7/17/14) is not medically necessary.