

Case Number:	CM14-0123499		
Date Assigned:	08/08/2014	Date of Injury:	01/04/2002
Decision Date:	10/08/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/05/2014

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 Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working atleast 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:

Patient is a 46-year-old male who has submitted a claim for a Discogenic lumbar condition; Internal derangement of knee, left, status post meniscectomy with resection of bony spurs (01/16/14); Carpal tunnel syndrome, right, status post carpal tunnel release surgery (10/03/13); plantar fasciitis, bilateral; and depression, with sleep and stress disorder associated with an industrial injury date of 01/04/02. Medical records from 2013 to 2014 were reviewed. Patient is an environmentalist whose job includes cleaning, mopping, lifting, pulling etc. Patient started noticing aching pain on his feet for which Physical Therapy, steroid injections and medications did not provide relief. Patient also had a MRSA infection in his left foot, for which he was hospitalized for treatment, following this, patient started to have limping towards the left and walked heel first. Patient also developed a S. aureus left foot abscess requiring IV antibiotics and I&D. The infection was followed by altered gait and led to persistent left knee and low back pain. Patient then worked in support-services involving desk duties. There was then subsequent development of numbness in both hands with tingling sensation for which PT and surgery was done, providing a reduction in the severity of symptoms. Latest PN dated 05/09/14 revealed patient had persistent pain in the left hand radiating to the arm and left side of the neck graded 8/10, worse after work and a "lock up" sensation in his right hand, accompanied by spasms in the bilateral hand, leg and feet with noted decreased grip and grasp strength. Patient also has lower back spasms and pain graded 9/10 in severity. On physical examination, ROM of the bilateral wrist is intact and satisfactory, with noted crepitations. Lumbar extension is 25 degrees and flexion is 75 degrees. Bilateral lower extremities extend to 180 degrees and flex to 120 degrees, with satisfactory ROM of both feet. Plan was to continue medications, to consult with a physiatrist and orthotics. Treatment to date has included PT, steroid injections, orthotics, chiropractic, TENs, surgery and medications (Norco, Gabapentin, Tramadol and Terocin since at

least from 02/19/14). Utilization review dated 07/23/14 denied the request for Terocin patches #10 because guideline criteria for its use was not met, there are insufficient large-scale, RCTs showing the safety and efficacy of the medication, and there was no note of treatment failure with the use of first-line therapy medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylate

Decision rationale: Terocin patch contains both lidocaine and menthol. Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be 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). Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, patient was on Terocin patch since at least 02/19/14. Patient was also treated at the same time with Gabapentin, a first-line therapy. Clinical manifestations are consistent with neuropathic pain. However, nowhere in the submitted documentations was there mention of the planned area of treatment, the number of patch or the number of hours per day of its use. Likewise, there was neither noted pain nor functional improvement with the use of lidocaine patch nor was there note of a reduction in the use of other pain medications. Therefore, the request for Terocin patches #10 is not medically necessary.