

Case Number:	CM14-0125934		
Date Assigned:	09/05/2014	Date of Injury:	09/23/1997
Decision Date:	10/08/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/08/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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 68 year old female who reported an injury on 09/23/1997; the mechanism of injury was not indicated. The injured worker had diagnoses including neuropathic pain, left foot, sinus tarsitis, severe swelling ankle bilaterally, crepitus, edema and fracture foot bone. Prior treatment included application of an Unna boot and H-Wave therapy. The injured worker underwent left ankle surgery times 2 on 09/23/1997 & 07/02/1999 and right knee arthroscopy in 03/2001. The injured worker complained of chronic pain to the left ankle and foot, along with her right knee pain. She stated the 4% Lidocaine patch which was being applied topically to the areas of pain were very effective. The clinical note dated 01/28/2014 revealed the injured worker had extreme pain over the medial and lateral aspect of the ankle and foot with collapsing of the ankle and foot. She continued to have pain into the sinus tarus of the subtalar joint, along with pain over the area scar postoperatively. There was neuropathic/burning pain which was chronic in nature. Medications included Terocin patches. The treatment plan included a request for Terocin Patches. The rationale for Terocin patches was to eliminate or reduce the use of narcotic medication and lessens her pain and improves her pain by dispensing pain patches and /or pain cream to help decrease or eliminate the need for the oral narcotic medication. The request for authorization was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin Patches, qty 30, DOS 03/19/2014: Upheld

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

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

Decision rationale: The request for Retrospective request for Terocin Patches, qty 30, DOS 03/19/2014 is not medically necessary. Terocin patches are comprised of Lidocaine and menthol. The California MTUS guidelines state, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines recommend the use of Lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressants or an AED such as gabapentin or Lyrica). 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 injured worker stated she was quite happy with the Terocin patches. However, there is a lack of documentation indicating the injured worker had significant objective functional improvement with the topical analgesics. The guidelines do not recommend the use of Lidocaine for topical application in forms other than Lidoderm. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Therefore, the request for Retrospective request for Terocin Patches, qty 30, DOS 03/19/2014 is not medically necessary.