

Case Number:	CM14-0126436		
Date Assigned:	08/13/2014	Date of Injury:	09/04/2013
Decision Date:	10/21/2014	UR Denial Date:	07/21/2014
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 Physical Medicine & Rehabilitation 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 a 45-year-old male who reported an injury on 09/04/2013 due to continuous trauma over a course of 10 years. The injured worker has a diagnosis of lumbar disc displacement. Physical medical treatment consists of ESIs, physical therapy, and medication therapy. Medications consist of acetaminophen, Polar Frost, tramadol, Orphenadrine, Nabumetone, Omeprazole, and lorazepam. On 06/24/2014, the injured worker complained of low back pain. Physical examination revealed that the injured worker's gait was grossly within normal limits. He had full range of motion of the lumbar spine with pain at the extremes of flexion and extension. The injured worker had negative straight leg raise, negative Lasegue's, and had no motor extremity weakness. Medical treatment plan is for the injured worker to continue the use of Terocin patch. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin Patch x10 for DOS 4/9/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine (Terocin) Page(s): 112.

Decision rationale: The request for Retrospective request for Terocin Patch x10 for DOS 4/9/14 is not medically necessary. The California MTUS Guidelines state Lidocaine is a transdermal application that is recommended for neuropathic pain and recommended for localized peripheral pain after there has been evidence of a trial of first line therapy, (such as a tricyclic or SNRI or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Non dermal patch formulations are generally indicated as local anesthetics and antipruritic. In 02/2007, the FDA notified consumers and health care professionals of the potential hazards of the use of topical Lidocaine. Those at particular risk were individuals that applied large amounts of the substance over large areas, left the product on for long periods of time, or used the agent with the use of dressing. Only FDA approved products are currently recommended. The guidelines state that Lidocaine is recommended for localized peripheral pain. However, there was no documentation submitted in the report that the injured worker had such pain. The submitted documentation also lacked any evidence of the injured worker's pain levels. Furthermore, there was no evidence submitted in the report that the injured worker had trialed and failed any first line therapy such as tricyclic or SNRI antidepressants. The efficacy of the medication was not provided to support continuation and the request as submitted did not include a dose or frequency of the medication. Given the above, the injured worker was not within the MTUS recommended guidelines. As such, the request for Terocin patches was not medically necessary.