

Case Number:	CM14-0129640		
Date Assigned:	08/18/2014	Date of Injury:	02/25/2011
Decision Date:	09/29/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/12/2014

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, has a subspecialty in Interventional Spine 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 patient is a 49-year-old male with a date of injury of 02/25/2011. The listed diagnosis per Dr. [REDACTED] is lumbar facet arthropathy. According to progress report 07/14/2014, the patient presents with persistent low back pain which he rates at 6/10 on the pain scale. He reports radiation of pain, numbness, tingling, and weakness down left leg to the foot. Patient's medication regimen includes Norco 5/325 mg, Flexeril 10 mg, ketoprofen, and Terocin patches. The treater is requesting a refill of Terocin patch, 10 patches with 2 refills. Utilization review denied the request on 08/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PAIN PATCH BOX (10 PATCHES) REFILLS: 2: 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.

Decision rationale: This patient presents with persistent low back pain with radiation of pain down the left leg and into the foot. The treater is requesting a refill of Terocin pain patches #10

with 2 refills. Terocin patches contain salicylate, capsaicin, menthol, and lidocaine. The MTUS Guidelines page 112 states under lidocaine, "Indications are for neuropathic pain, recommended for localized peripheral pain after there has been evidence of trial of first line therapy. Topical lidocaine in the formulation of a dermal patch has been designed for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy." In this case, the patient does not present with "localized peripheral pain." The treater appears to be prescribing the patches for the patient's low back pain, which is not supported by MTUS. The requested Terocin patches are not medically necessary, and recommendation is for denial.