

Case Number:	CM14-0129931		
Date Assigned:	08/20/2014	Date of Injury:	01/30/2012
Decision Date:	10/23/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/14/2014

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 & Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 57 year-old with a date of injury of 01/30/12. A progress report associated with the request for services, dated 05/01/14 and 06/19/14, identified subjective complaints of low back pain. Objective findings included tenderness to palpation of the lumbar spine. Sensation was intact. Diagnoses included (paraphrased) lumbar spondylosis; lumbar disc disease; and sciatica. Treatment had included a lumbar fusion in April of 2014. He was taking an oral analgesic, muscle relaxant, and anti-seizure agent. A Utilization Review determination was rendered on 07/22/14 recommending non-certification of "Retrospective review for Terocin MG #30 for DOS 7/1/14".

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a*de=37cc76ece9bb this contains lidocaine 4% and menthol 4%

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

Decision rationale: Terocin mg is a dermal patch that consists of lidocaine, a topical anesthetic, and menthol. The Medical Treatment Utilization Schedule (MTUS) states: "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an anti-epilepsy drug such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia."The Official Disability Guidelines (ODG) also state that topical lidocaine is not recommended until after a trial of first-line therapy. The following criteria are listed for use:- Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology;- There should be evidence of a trial of first-line neuropathy medications (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica);- This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger joints;- An attempt to determine a neuropathic component of pain should be made;- The area for treatment should be designated as well as number of planned patches and duration of use (number of hours per day);- A trial of patch treatment is recommended for a short-term period;- Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued.In this case, there is no documentation of the neuropathic component of the pain, and therefore the medical necessity of Terocin mg is not established.