

Case Number:	CM14-0130119		
Date Assigned:	08/20/2014	Date of Injury:	05/17/2011
Decision Date:	09/29/2014	UR Denial Date:	07/14/2014
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 Physical Medicine and Rehabilitation and Pain 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 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 39 year old female with a reported date of injury on 05/17/2011. The mechanism of injury was not provided. The injured worker's diagnoses included cervicalgia with left sided radiculopathy, left upper extremity neuropathic pain, and lumbago with bilateral radiculopathy. The injured worker's past treatments included medications, spinal cord stimulator, and stellate ganglion blocks. The injured worker's diagnostics included an EMG/NCV dated 07/03/2014 and a left shoulder MRI on 06/25/2014. No pertinent surgical history was provided. The injured worker was evaluated on 06/10/2014 and the provider documented the Terocin 4% lidocaine patch was to be used for left upper extremity neuropathic pain. On 07/08/2014 the clinician observed and reported left hand grip as 4+/5, weakness in flexion and extensions rated as 4+-5/5, intolerance to mild pressure or touch to the left upper extremity and noted a guarded posture. The injured worker's medications included Conzip100 mg once daily, Ibuprofen 800 mg as needed for pain, Terocin 4% lidocaine patch applied every 12 hours for peripheral neuropathic pain, Monarch pain cream, hydromorphone 2 mg 1-2 every 3-4 hours for pain, Nucynta, baclofen, and Tylenol. The request was for Terocin 4% Lidocaine Patch between 06/30/2014 and 09/05/2014 for the treatment of cervicalgia. The request for authorization form was submitted on 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 4% Lidocaine Patch Between 6/30/2014 and 9/5/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Capsaicin Salicylate Menthol.

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

Decision rationale: The request for Terocin 4% Lidocaine Patch between 06/30/2014 and 09/05/2014 is not medically necessary. The California MTUS Guidelines state that topical lidocaine is 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The active ingredients in Terocin Patch include menthol 4% and Lidocaine 4%. No documentation of a trial and failure of anti-depressant or anti-epileptic medications was provided. The combination patch of lidocaine with menthol is not recommended. The guidelines note Lidoderm is approved for orphan status by the FDA. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally the site of application and frequency were not provided within the submitted request. Therefore, the request for Terocin 4% Lidocaine Patch between 06/30/2014 and 09/05/2014 is not medically necessary.