

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0131543 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 09/23/1996 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 08/12/2014 |
| Priority: | Standard | Application Received: | 08/18/2014 |

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 Texas and Ohio. 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 47-year-old male who reported an injury on 09/23/1998. The mechanism of injury was not provided within the medical records. The clinical note dated 07/17/2014 indicated diagnoses as cervicgia with bilateral radiculopathy, right shoulder arthropathy with neuropathic pain, right carpal tunnel syndrome, status post right ulnar nerve transposition surgery with residual pain, reactive sleep disturbance, and reactive depression. The injured worker reported a pain score of 7/10 to 8/10. The injured worker reported his pain had remained elevated secondary to denial of previous pain medications including oxymorphone, methadone, and oxycodone. In addition, Terocin, lidocaine patch, and oxymorphone were awaiting decision by ██████ in this case. Essentially, all treatments for this patient had been denied. On physical examination, there was significant upper extremity motor weakness in flexion and extension in the right upper extremity at 4+/5. There was weakness in internal and external rotation on the right at 4+. The injured worker had decreased range of motion of the cervical spine. There was decreased range of motion in the shoulder in abduction and adduction. There was cervical muscle spasms and multiple tender areas in the neck and upper trapezius muscle groups bilaterally. The injured worker's pain score remained elevated at 7/10 to 8/10. The injured worker's functional status remained diminished secondary to denial of appropriate treatment. The injured worker remained on a small amount of methadone to help with previous withdrawal and his significant pain. The injured worker's treatment plan included follow-up in 1 month. The injured worker is not currently working. The injured worker's prior treatment included diagnostic imaging, surgery, and medication management. The provider submitted a request for Terocin lidocaine patch. The request for authorization dated 07/28/2014 was submitted for Terocin lidocaine patch. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 4% Lidocaine patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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 #30 is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated if the injured worker had tried and failed antidepressants or anticonvulsants. In addition, Terocin contains capsaicin, lidocaine, menthol and methyl salicylate. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. It was not indicated that the injured worker was intolerant to other treatments. Moreover, lidocaine is only recommended in the dermal patch Lidoderm. No other commercially approved topical formulations of lidocaine, whether creams, lotions, or gels, are indicated for neuropathic pain. Per the guidelines, any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Furthermore, the request does not indicate a frequency. Therefore, the request is not medically necessary.