

Case Number:	CM14-0133431		
Date Assigned:	09/23/2014	Date of Injury:	10/18/2012
Decision Date:	10/22/2014	UR Denial Date:	08/04/2014
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 Occupational 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 patient is a 36-year-old female, who has submitted a claim for cervical spine spasm, right shoulder impingement syndrome and lumbosacral disc dislocation without foraminal stenosis associated with an industrial injury date of October 18, 2012. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of pain in the cervical spine and both shoulders. Patient denied numbness or paresthesia. Physical examination showed, slight tenderness over C5 and C6 spines and over the superior medial angle of both scapula. Tenderness was also noted over the thoracic spine. Treatment to date has included norco, ibuprofen, naproxen, oxycodone, acupuncture, physical therapy and chiropractic therapy. Utilization review from August 4, 2014 denied the request for one-month supply of Terocin patches for 2 refills, because CA MTUS does not approve the use of Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

One-Month Supply of Terocin Patches X2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: Terocin patch contains both lidocaine and menthol. Pages 56 to 57 of the California MTUS Chronic Pain Medical Treatment Guidelines, lidoderm patch is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, Terocin patch was requested to address the back pain of the patient. However, there was no evidence that the patient has tried TCAs/SNRIs/AEDs prior to the prescription of this patch. In addition, clinical manifestations are not consistent with neuropathic pain. Topical lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Therefore, the request for Terocin patches for 2 refills is not medically necessary.