

Case Number:	CM14-0140493		
Date Assigned:	09/10/2014	Date of Injury:	10/29/2003
Decision Date:	10/10/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/29/2014

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 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 50-year-old male with a reported date of injury on 10/29/2003. The mechanism of injury was noted to be a lifting injury. His diagnoses were noted to include cervical disc herniation with radiculitis/radiculopathy, status post anterior cervical arthrodesis and instrumentation at C5-6 and C6-7, right shoulder tendonitis and impingement syndrome, right elbow cubital tunnel syndrome, right elbow lateral epicondylitis, lumbar disc herniation at L4-5 and L5-S1. His previous treatments were noted to include epidural steroid injection, physical therapy, caudal epidural injections, surgery, and medications. The progress note dated 06/18/2014 revealed complaints of back pain. The physical examination of the lumbar spine revealed decreased range of motion and tenderness with paraspinal spasms. There was a positive straight leg raise test bilaterally and Lasegue test was equivocal. There was hypoesthesia at anterolateral aspect of the foot and ankle. There was weakness in the big toe dorsiflexor and big toe plantar flexor bilaterally. The Request for Authorization form was not submitted within the medical records. The request was for 1 prescription of Terocin patches; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Terocin Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topical, Topical Analgesic, and Lidocaine Page(s): 105; 111; 112.

Decision rationale: The request for 1 Prescription of Terocin Patches is not medically necessary. The injured worker complains of spinal pain. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical Lidocaine (Lidoderm) 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 AED such as Gabapentin or Lyrica). No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates and Terocin patches contain Lidocaine and menthol. There is a lack of documentation regarding efficacy of this medication and improved functional status. The guidelines state any compounded product that contains at least one drug that is not recommended is not recommended and topical Lidocaine is only recommended in the Lidoderm patch formulation. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.