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| Case Number: | CM14-0093694 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 07/10/2006 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 06/09/2014 |
| Priority: | Standard | Application Received: | 06/20/2014 |

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 & Rehabilitation and is licensed to practice in California and Washington. 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 61-year-old female with a reported injury on 07/10/2006. The mechanism of injury was not provided. The injured worker's diagnosis was status post micro lumbar decompressive surgery on the left at L3-4 and L4-5 on 09/10/2013. The injured worker has had previous treatments of chiropractic therapy with some improvements, injections, and a home exercise program. The injured worker had an examination on 01/16/2014 with a complaint of back pain at a level of 2/10. She reported constant tightness and infrequent muscle spasms in her mid back. She occasionally had numbness in her foot with prolonged walking but denied any radiation of pain or tingling to her legs. The examination revealed that her incision site was clean and dry and had no signs of infection and that her lower extremity sensation was intact. There was tenderness upon palpation in her bilateral lumbar paraspinal regions. Her medication list included Norco, Flexeril, Prilosec, and the use of Terocin patches. The recommended plan of treatment was to renew her medications. The Request for Authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Pain Patch (10 patches). Dos: 1/16/2104: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

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

Decision rationale: Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The California MTUS Guidelines do not recommend any compounded product that contains at least 1 drug or drug class that is not recommended. Terocin patches have lidocaine in them. The lidocaine is recommended for peripheral pain after there has been evidence of a trial of a first line therapy such as tricyclic or antidepressants. Lidoderm is used for diabetic neuropathy and no other commercially approved topical formulations of lidocaine whether creams, lotions, or gels are indicated for neuropathic pain. There is a lack of evidence of neuropathic pain. There is a lack of evidence of a trial of tricyclic or antidepressants that have failed. There is a lack of evidence of efficacy of the medication previously. There is a lack of clinical evidence to support the medical necessity of the Terocin pain patches. Therefore, the request for Terocin pain patches #10 is not medically necessary.

Terocin Patches two (2) boxes Dos: 02/14/2104: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

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

Decision rationale: Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The California MTUS Guidelines do not recommend any compounded product that contains at least 1 drug or drug class that is not recommended. Terocin patches have lidocaine in them. The lidocaine is recommended for peripheral pain after there has been evidence of a trial of a first line therapy such as tricyclic or antidepressants. Lidoderm is used for diabetic neuropathy and no other commercially approved topical formulations of lidocaine whether creams, lotions, or gels are indicated for neuropathic pain. There is a lack of evidence of neuropathic pain. There is a lack of evidence of efficacy of the medication previously. There is a lack of clinical evidence to support the medical necessity of the Terocin pain patches. There was not a clinical not to consider for the date of request. Therefore, the request for Terocin pain patches 2 boxes is not medically necessary.

Flexeril 7.5 mg. #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: The California MTUS Guidelines recommend Flexeril for a short course of therapy. There is limited mixed evidence that does not allow for recommendation for chronic use. It is not recommended to be used for longer than 2 to 3 weeks. It is unknown how long the injured worker has been on this medication and the efficacy of this medication was not provided. On examination, it was reported that the injured worker did complain of occasional tightness and muscle spasms to her mid back. There is a lack of evidence to support the number of 60 pills without further assessment and evaluation. There is a lack of directions as far as frequency and duration and the number of 60 pills is longer than 2 to 3 week duration as recommended. The clinical information fails to meet the evidence-based guidelines for the request. Therefore, the request for Flexeril 7.5 mg is not medically necessary.

LidoPro Cream One (1) Tube: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical, topical analgesic Page(s): 105, 111-113.

Decision rationale: Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The California MTUS Guidelines do not recommend any compounded product that contains at least 1 drug or drug class that is not recommended. The guidelines do recommend topical salicylates although, Terocin patches have lidocaine in them. The lidocaine is recommended for peripheral pain after there has been evidence of a trial of a first line therapy such as tricyclic or antidepressants. Lidoderm is used for diabetic neuropathy and no other commercially approved topical formulations of lidocaine whether creams, lotions, or gels are indicated for neuropathic pain. There is a lack of evidence of neuropathic pain. There is a lack of evidence of efficacy of the medication previously. There is a lack of clinical evidence to support the medical necessity of the Terocin pain patches. Therefore, the request for Lidopro cream 1 tube is not medically necessary.