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| Case Number: | CM14-0158713 | | |
| Date Assigned: | 10/02/2014 | Date of Injury: | 03/02/2006 |
| Decision Date: | 06/04/2015 | UR Denial Date: | 09/12/2014 |
| Priority: | Standard | Application Received: | 09/27/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old male, who sustained an industrial injury on 03/02/2006. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, lumbar spine surgery, x-rays, CT scans, MRIs, and injections. At the time of the request for authorization (08/09/2014), the injured worker complained of lumbar spine pain with radiation pain into the right leg, lower extremity numbness and tingling (right greater than left), and neck pain radiating into the back. The injured worker was being treated with Duragesic patches, Nucynta, ondansetron, omeprazole, Buspar, Lyrica and Limbrel for pain and anxiety, and Norco from a different physician. It was noted that the injured worker was experiencing gastrointestinal side effects from some of the medications, which was being treated with the ondansetron and omeprazole. The diagnoses include thoracic/lumbosacral neuritis or radiculitis, chronic pain due to trauma, muscle spasms, post laminectomy syndrome of the lumbar region, lumbar/lumbosacral degenerative intervertebral disc, lumbosacral spondylosis without myelopathy, anxiety, history of lumbar microdiscectomy, history of lumbar fusion, nausea and vomiting, scoliosis, and hypertension. The treatment plan consisted of Doral (certified), Terocin patches (non-certified) and omeprazole (certified).

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Terocin patches: Upheld

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

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

Decision rationale: The patient has ongoing severe lower back and lower extremity pain. The current request is for 10 Terocin patches. Terocin is a compounded medication, which includes Lidocaine, Capsaisin, Salicylates and Menthol. MTUS guidelines page 112 states, "topical lidocaine may be 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)." When reading the ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, there is no clear documentation of failure of the above referenced first line agents and there is no documentation of localized neuropathic pain. There is little evidence to support topical NSAIDs in spinal pain. The MTUS guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The current request is not supported by the MTUS guidelines and therefore does not meet medical necessity. As such, the request is not medically necessary and the recommendation is for denial.