

Case Number:	CM14-0212918		
Date Assigned:	12/30/2014	Date of Injury:	09/10/2001
Decision Date:	03/10/2015	UR Denial Date:	11/27/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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
 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 patient is a 77 year old female with an injury date of 09/10/01. Based on the 11/17/14 progress report provided by treating physician, the patient complains of pain in both hands and low back radiating to right knee. The patient is status post cervical spine surgery 03/2012 and right total knee replacement in 1998. Physical examination of the back revealed tenderness across the lumbar paraspinal muscles and pain along the right knee. Range of motion was decreased, especially on flexion 110 degrees. Per report dated 11/12/14, patient's current medications include Effexor, Topiramate, Tramadol, Soma, Hydrocodome, Motrin, Omeprazole and Norco. Per treater report dated 11/17/14, the patient is retired. Diagnosis (11/17/14)- Internal derangement of the right knee- Left wrist pain- Right lateral epicondylitis- Left CMC joint pain- Low back pain The utilization review determination being challenged is dated 11/27/14. The rationale follows: "insufficient large-scale, randomized, controlled references showing the safety and efficacy" Treatment reports were provided from 05/19/14 to 11/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch)Lidocaine Page(s): 56-57; 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm® (lidocaine patch).

Decision rationale: The patient presents with pain in both hands and low back radiating to right knee. The request is for TEROGIN PATCH #10. Per report dated 11/12/14, patient's current medications include Effexor, Topiramate, Tramadol, Soma, Hydrocodone, Motrin, Omeprazole and Norco. Patient is retired.MTUS guidelines page 57 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading 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.Per progress report dated 11/17/14, treater is requesting Terocin patches for topical relief. The patient has wrist and hand pain, however, there is no evidence that the etiology is that of neuropathic pain. For the use of topical lidocaine patches, peripheral, localized neuropathic pain is required per guidelines. Additionally, the treater does not discuss how it is used with what efficacy. Furthermore, the treater has not provided any documentation showing evidence of a trial of first-line therapy. Therefore, the request IS NOT medically necessary.