

Case Number:	CM14-0215014		
Date Assigned:	01/07/2015	Date of Injury:	02/24/1998
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

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 patient is a 63-year old female with date of injury 2/24/98. The treating physician report dated 9/24/14 (38) indicates that the patient presents with pain affecting the low back radiating into the right hip along with bilateral knee pain. The patient states the pain wakes her up at night and she is unable to fall back asleep. The patient states the pain is getting worse and is starting to come up her sides. The physical examination findings are unknown and not included in the clinical history provided. Prior treatment history includes LESI and OrthoStim4 treatment. No MRI results were included in the clinical history. Current medications are Hydrocodone and Hydromorphone. The current work status is not reported. The current diagnoses are: 1. Lumbar radiculopathy. 2. Bilateral knee sprain/strain post-bilateral arthroscopy. 3. Chronic pain syndrome. 4. Chronic pain-related insomnia. 5. Myofascial syndrome. 6. Neuropathic pain. UR denied request for Terocin patch due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin patches (unknown duration/dosage/quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: The patient presents with pain affecting the low back radiating into the right hip along with bilateral knee pain. The current request is for retrospective Terocin patches for an unknown duration/dosage/quantity. The treating physician report requesting this medication was not included in the clinical history provided. Terocin patches (lidocaine) are used for temporary relief of minor muscle and joint aches and pains caused by arthritis, simple backache, strains, tendon problems or nerve problems. MTUS guidelines state, "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 antidepressants or an AED such as gabapentin or Lyrica)." MTUS also states, "Lidocaine Indication: Neuropathic pain recommended for localized peripheral pain." When reviewing ODG, 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 documentation provided indicating that the patient has failed a first line therapy and there is no evidence of localized peripheral neuropathic pain. In addition, an unspecified amount, dosage or frequency was requested. The current request is not medically necessary and the recommendation is for denial.