

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0066561 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 10/13/2010 |
| Decision Date: | 05/27/2015 | UR Denial Date: | 04/22/2014 |
| Priority: | Standard | Application Received: | 05/09/2014 |

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 injured worker is a 55 year old male who sustained an industrial injury on 10/13/10. The diagnoses have included lumbar strain/sprain, lumbar radiculopathy, lumbar stenosis and lumbar disc protrusion. Treatment to date has included medications, activity modifications, lumbar surgery, and diagnostics. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medications included Norco, Sonata, Lorazepam, Cymbalta, Omeprazole and Dulcolax. Currently, as per the physician progress note date 4/11/14, the injured worker complains of constant low back pain that radiates to the bilateral lower extremities with numbness and tingling. The pain is unchanged and rated 9/10 on pain scale. The objective findings revealed decreased lumbar range of motion. The urine drug screen dated 11/4/13 and 3/10/14 were inconsistent with prescribed medications. The physician requested treatment included Terocin Pain Patch #20 topical analgesic for minor aches and muscle pains.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Pain Patch #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lidoderm Patches.

Decision rationale: The patient was injured on 10/13/10 and presents with low back pain radiating to the lower extremities with numbness/tingling. The request is for TEROGIN PAIN PATCH #20 for minor aches and muscle pain. There is no RFA provided and the patient is working, as of the 02/05/14 report. Terocin patches are dermal patches with 4% lidocaine, 4% menthol. 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 treatment (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica)." Page 112 also states, "Lidocaine indication: Neuropathic pain. Recommended for localized peripheral pain." In 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, and outcome documented for function and pain. The patient is diagnosed with lumbar strain/sprain, lumbar radiculopathy, lumbar stenosis, and lumbar disc protrusion. He has a restricted lumbar spine range of motion. It appears that this is the initial request for this medication. The medical reports do not specify for which body part these topical patches are to be used for. Furthermore, the patient does not present with peripheral localized neuropathic pain. Therefore, the requested Terocin patch IS NOT medically necessary.