

Case Number:	CM15-0019523		
Date Assigned:	02/09/2015	Date of Injury:	05/25/2013
Decision Date:	03/25/2015	UR Denial Date:	01/03/2015
Priority:	Standard	Application Received:	02/02/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 66 year old male, who sustained an industrial injury on 05/26/2013 He has reported subsequent neck, back and hip pain and was diagnosed with lumbar discopathy, upper extremity radiculopathy, bilateral carpal tunnel syndrome, herniated cervical nucleus propulsus and lumbar radiculopathy. Treatment to date has included oral and topical pain medication and acupuncture. In a progress note dated 09/15/2014, the injured worker complained of continued pain in the bilateral upper extremities and hands that was rated as 7/10 along with numbness. Objective physical examination findings were notable for decreased range of motion in the lumbar and cervical spine with muscle spasm and straight leg raise on the left, decreased sensation to light touch in the left lower extremity in the L5-S1 distribution with positive Tinel's and Phalen's signs in the left hand and decreased median distribution. A request for authorization of Terocin patch was made. On 01/03/2015, Utilization Review non-certified a request for Terocin (lidocaine/menthol) patch on 09/16/2014, noting that this medication has not been approved for long term use and that further research was needed to recommend treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin (lidocaine/menthol) patch (date of service 09/16/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Topicals, Glucosamine (and Chondroi. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Pain Chapter, Salicylate Topicals

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Terocin patch contains .025% Capsacin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is 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). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. Any compounded drug that is not recommended is not recommended and therefore Terocin patches are not medically necessary.