

Case Number:	CM15-0115457		
Date Assigned:	06/23/2015	Date of Injury:	08/22/2007
Decision Date:	07/28/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/16/2015

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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52 year old male, who sustained an industrial injury on 08/22/2007. He reported injury to his back. Treatment to date has included medications, back surgeries and multiple surgical injections. According to an initial evaluation dated 04/14/2015, the injured worker was chronically in low back pain. He complained of significant right lower extremity radiculopathy, which was chronic in nature. He was functional to the best of his abilities, but never really recovered, and after his surgery he actually got progressively worse. He had been maintained on medications and needed a refill of medications. Current medications included Ibuprofen. He was out of Lorcet or the Norco that he had been taking. He complained that sometimes the medications upset his stomach and wondered if there was any alternative to that, at least to the Ibuprofen. He was unable to stand erect from the fusion. He had lost all muscle tone in the lumbar spine region. He was unable to exercise because of pain. He was only able to get functional for the most part with medications. He was unemployed because he was unable to perform his job duties. He was unable to even stand erect, bend or stoop because of chronic discomfort and pain. The radiculopathy in his right leg was chronic in nature and it went to his left side as well, but the right one was chronic in nature and never really improved. Diagnoses included status post L3 through S1 lumbar spine fusion with instrumentation and subsequent residual radiculopathy, particularly the right lower extremity with atrophy and weakness. Pain was chronic in nature and was neuropathic. He had failed back syndrome. The treatment plan included hydrocodone 10/325mg 1-2 by mouth every 8 hours, 6 tablets a day. He averaged 180 tablets a month. He had breakthrough pain and stomach problems as well. Ibuprofen was going

to be discontinued. A transdermal combination of three different creams was provided and included Flurbiprofen, Cyclobenzaprine and Gabapentin in an effort to reduce spasm, reduce nerve pain and to reduce inflammation. He was to alternate with Terocin pain patches. The goal was to reduce pain, improve sleep, improve activities of daily living and decrease opiate use. Current pain level was 8.5 on a scale of 1-10. Currently under review is the request for Terocin Lidocaine patches 3 boxes #30 (dispensed 4-14-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lidocaine patches 3 boxes #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Analgesics Page(s): 60, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommend topical lidocaine only in the form of a dermal patch (Lidoderm) for neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an antiepileptic drug such as Gabapentin or Lyrica). Any topical agent with lidocaine is not recommended if it is not a dermal patch (Lidoderm). Guidelines also state that only one medication should be given at a time. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. The injured worker was prescribed topical creams which included Flurbiprofen, Cyclobenzaprine and Gabapentin and was to alternate with Terocin pain patches which contains lidocaine. There was no documentation that the injured worker had failed a trial of first line therapy (tri-cyclic or SNRI anti-depressants or an antiepileptic drug such as Gabapentin or Lyrica). Therefore, the request for Terocin Lidocaine patches is not medically necessary.