

Case Number:	CM15-0171741		
Date Assigned:	09/14/2015	Date of Injury:	01/14/2011
Decision Date:	10/13/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/31/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female, who sustained an industrial injury on January 14, 2011. Medical records indicate that the injured worker is undergoing treatment for severe cervical spinal stenosis, cervical degenerative disc disease, lumbar spine degenerative changes, lumbar spondylolisthesis, lumbar spondylosis with myelopathy and thoracic spine sprain-strain. The injured worker was noted to be temporarily totally disabled. Current documentation dated July 29, 2015 notes that the injured worker reported neck pain, mid back pain and low back pain which radiated to the both lower extremities, greater on the right. The pain was described as burning, shooting and throbbing. Associated symptoms include headaches, weakness and numbness and tingling to the toes on the right foot. The pain was aggravated by activities of daily living and relieved by medications. The documentation dated 7-29-2015 and 6-18-2015 did not note objective findings. Treatment and evaluation to date has included medications, radiological studies, MRI, physical therapy, lumbar epidural steroid injections, activity modification, bracing, cervical fusion and a lumbar fusion. Current medications include Norco, Temazepam, Bupropion, Mobic, Lidoderm patches and Neurontin. Current requested treatments include Terocin patches # 30 with 1 refill. The Utilization Review documentation dated August 14, 2015 non-certified the request for Terocin patches # 30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain patches quantity 30 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant sustained a work injury in January 2011 and continues to be treated for neck, mid back, and radiating low back pain. When seen, she was having constant symptoms. Medications included Lidoderm. Imaging results were reviewed. There was no documented physical examination. Terocin was prescribed. Lidoderm was continued. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. Another patch formulation of lidocaine, Lidoderm, is also being prescribed, which is duplicative. This medication is not medically necessary.