MAXIMUS Federal Services

Case Number:	CM15-0033505		
Date Assigned:	02/27/2015	Date of Injury:	07/17/1998
Decision Date:	04/13/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/23/2015

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: 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 43-year-old female who sustained an industrial injury on 7/17/98 involving a severe motor vehicle accident resulting in T5 spinal injury with a dislocated thoracic fractured spine. She experiences short-term memory failure. She is experiencing vague visceral cramping sensation, which temporarily increases during her balance exercises. Medications include gabapentin, baclofen, terocin lotion, macrodan. Diagnoses include ovarian failure; hormonal deficiency secondary to spinal cord injury; paraplegia; carpal tunnel syndrome; chronic urinary tract infection; chronic abscess right 5th toe; rule out early osteomyelitis right 5th toe and generalized osteoporosis; status post-surgical fusion. In the progress note dated 11/12/14 the treating provider requested Terocin patch. On 1/20/15 Utilization Review non-certified the request for Terocin Patch citing MTUS: Chronic pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin (lidocaine) Patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Lidoderm.

Decision rationale: Based on the 11/12/14 progress report, the patient presents with pedal edema, chronic pain in her shoulders and back as well as her right wrist. She also has some pain in the fingers in her left hand and difficulty sleeping. The request is for Terocin (Lidocaine) patch. Patient's diagnoses per progress report dated 11/15/14 include: osteoporosis, chronic urinary tract infection, ovarian failure, hormonal deficiency, and chronic pedal edema. Per the progress report dated 05/20/14, the patient is status post surgery thoracic fusion (07/17/98), post Sx. Implantation of Titanium (07/17/98), and post Sx. removal of plate (03/23/00). Patient's medications include Macrodan, Baclofen, Neurontin, and Terocin lotion. The patient's work status is permanent and totally disabled. 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 therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Page 112 also states, "Lidocaine Indication: Neuropathic pain recommended for localized peripheral pain." When 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." Treater has not provided reason for the request. The patient has pain to the right wrist, for which Terocin patch would be indicated. However, treater does not discuss how it is used, what area is treated and with what efficacy. Terocin patches are not indicated for back or shoulder conditions. There is no evidence of localized pain that is consistent with neuropathic etiology in medical records provided. Furthermore, the progress report dated 11/12/14 indicates that the patient was using terocin lotion as needed. The treater has provided no explanation or discussion as to why the patient is being switched from the terocin lotion to the terocin patch. It would seem the request is not in accordance with guideline indications. Therefore, the request is not medically necessary.