

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0033641 | | |
| Date Assigned: | 02/27/2015 | Date of Injury: | 04/28/1999 |
| Decision Date: | 04/13/2015 | UR Denial Date: | 01/26/2015 |
| 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 58-year-old male, who sustained an industrial injury on 04/28/1999. The diagnoses have included knee arthritis status post left total knee replacement, bursitis of hip, lumbar spondylosis, and spondylosis. Noted treatments to date have included knee surgery and medications. Diagnostics to date have included MRI of the lumbar spine on 12/11/2007, which showed L4-5 left subarticular zone disc protrusion with progression of degenerative disc disease, minimal retrolisthesis of L5 on S1, L3-4 mild central canal stenosis, and L2-3 disc bulge eccentric laterally to the right according to progress note dated 10/09/2014. In a progress note dated 01/12/2015, the injured worker presented with complaints of low back pain, left hip pain, and status post left total knee replacement. The treating physician reported seeing the injured worker for chronic pain management. Utilization Review determination on 01/26/2015 non-certified the request for Terocin Patches #30 citing Medical Treatment Utilization Schedule 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 Patches #30: 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 01/12/15 progress report, the patient complains of constant low back and left hip pain, with radiating symptoms to lower extremity. The request is for Terocin patches #30. The patient's diagnoses per RFA dated 12/11/14 included chondromalacia knee, lumbar spondylosis, spondylosis and arthritis, knees. Per treater report dated 01/12/15 treater states, "the medication helps with pain. Pharmaceuticals are helping well and being used on a regular basis." The patient is working modified duty. 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)." MTUS 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." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Terocin patches were included in patient's medications per treater reports dated 08/18/14 - 02/12/15. Per 10/09/14 treater report, treater states, "Terocin is helping with pain control and improved function, no side effects allowing patient to significantly decrease and eliminate other medications." However, the patient is status post left total knee replacement and does not present with localized, peripheral neuropathic pain for which topical lidocaines are indicated. The patient also has diffuse, radicular symptoms to the lower extremity. Therefore, the request is not medically necessary.