

Case Number:	CM15-0098691		
Date Assigned:	06/01/2015	Date of Injury:	04/08/2014
Decision Date:	07/14/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 45 year old male injured worker suffered an industrial injury on 04/08/2014. The diagnoses included pain in the joint of the upper arm, thoracic or lumbosacral neuritis and sleep disturbance. The injured worker had been treated with medications. On 4/15/2015 the treating provider reported lower back pain rated at 10/10 that radiated to the right arm, right elbow, right hand and right leg. The level of sleep had decreased. He also complained of headache rated as 9/10 that had increased since last visit. On exam the cervical spine had reduced range of motion with tenderness to the muscles. The lumbar spine range of motion was restricted with muscle tenderness and spasms along with positive straight leg raise on the left. A lumbar brace was present. The right shoulder had restricted range of motion limited by pain. The right elbow had tenderness with painful range of motion. The treatment plan included Terocin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch 4-4% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) and Topical analgesics and Salicylate topicals Page(s): 56 and 111-113 and 105.

Decision rationale: Terocin patch is not medically necessary per MTUS Chronic Pain Medical Treatment Guidelines. A Terocin patch contains: Menthol 4%; Lidocaine 4%. Per MTUS guidelines, topical lidocaine in the form of a creams, lotions or gel is not indicated for neuropathic pain. The guidelines state that lidocaine in a patch form 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). and is only FDA approved for post-herpetic neuralgia. The MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Furthermore, the MTUS guidelines state that compounded products that contains at least one drug (or drug class) that is not recommended is not recommended. Although Menthol is not specifically addressed in the MTUS menthol is present in Ben Gay which is recommended by the MTUS. Due to the fact that documentation submitted does not show evidence of intolerance to oral medications, failure of all first-line therapy and no indication of post herpetic neuralgia in this patient Terocin patch is not medically necessary.