

Case Number:	CM14-0004392		
Date Assigned:	02/05/2014	Date of Injury:	03/31/2013
Decision Date:	06/27/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 34-year-old male who has submitted a claim for low back pain, associated with an industrial injury date of March 31, 2013. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 11/11/2013, showed persistent mid to low back pain that radiates to the left lower extremity with numbness and tingling sensation. Physical examination of the lumbar spine revealed tenderness. Standing flexion and extension were guarded and restricted. Treatment to date has included physical therapy and medications. Utilization review from 12/12/2013 denied the request for the purchase of Terocin patch #10 because of its availability as over the counter drugs and prescription was not necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCH #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: According to pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical Lidocaine is indicated for neuropathic pain. It is recommended

for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. In this case, the medical reviews of the employee revealed that the employee persistently complains of mid to low back pain radiating to the left lower extremity with numbness and tingling sensation. The employee can be classified as having neuropathic pain but there was no documentation of the use of first line therapy. The medical necessity has not been established. Therefore, the request for the purchase of Terocin patch #10 is not medically necessary.