

Case Number:	CM14-0102009		
Date Assigned:	07/30/2014	Date of Injury:	07/25/2013
Decision Date:	09/30/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/02/2014

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. The expert 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 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/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 38-year-old female who has submitted a claim for cervical myofascial pain, lumbosacral sprain/strain with radiculopathy, chronic headaches, and depression associated with an industrial injury date of July 25, 2013. Medical records from 2013-2014 were reviewed. The patient complained of pain in the cervical spine and lumbar spine. The pain radiates to the upper and lower extremities. She also noted pain over both shoulders and wrists. There was numbness, tingling, and weakness of both upper extremities. Physical examination showed spasm and tenderness in the cervical paraspinals and lumbar spine with decreased range of motion. Shoulder range of motion was within normal limits without impingement. Motor strength and sensation was intact. Imaging studies were not available. Treatment to date has included medications, physical therapy, chiropractic treatment, home exercise program, and activity modification. Utilization review, dated June 10, 2014, denied the request for retrospective request for medications Terocin Patch (duration unknown and frequency unknown) because it is not supported by the guidelines except for post-herpetic neuralgia which is not indicated in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Medications: Terocin Patch: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical lidocaine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics, Lidocaine Page(s): 56-57; 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: Terocin Patch contains 4% lidocaine and 4% menthol. According to CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. In addition, 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). Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, the initial date of usage of Terocin patch was not specified. Progress report dated February 11, 2014 state that the patient was taking Lexapro, an anti-depressant. The guideline recommends lidocaine in the form of dermal patch for neuropathic pain after trial of antidepressants or AED. Terocin patch may be necessary. However, the date of service of the retrospective request as well as the quantity dispensed was not specified. Therefore, the request for Retrospective Request for Medications: Terocin Patch was not medically necessary.