

Case Number:	CM14-0142949		
Date Assigned:	09/10/2014	Date of Injury:	08/05/2008
Decision Date:	10/23/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/03/2014

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 Physical Medicine & Rehabilitation, 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 injured worker is a 58-year-old female who sustained an injury on 08/05/08. She complains of neck pain, low back pain, and bilateral lower extremity edema. She states that her pain radiates towards her right shoulder as well as over the right shoulder blade. Her pain is radiating from back down to both of her legs without numbness or tingling. She does have severe persistent weakness. On exam, cervical spine reveals tenderness in the cervical spine posteriorly. Right shoulder reveals tenderness in the right parascapular area. L-spine reveals diffuse tenderness in the lower lumbar spine. She has 4/5 strength in the right deltoid as well as in the tibialis anterior bilaterally. She has decreased sensation of the posterolateral calves and dorsum of her feet. She has positive right shoulder impingement sign. Current medications include Norco 10/325, Naproxen, Omeprazole, Tramadol, Cyclobenzaprine, and Ondansetron. Diagnoses include persistent neck pain with radiation towards the right shoulder with possible cervical radiculitis at C5 and Back; and lower extremity pain with significant degenerative spondylolisthesis and probable spinal stenosis. The request for retrospective request for medications new Terocin (duration unknown and frequency unknown) dispensed on 09/09/2013 for treatment of thoracic and lumbar spine was denied on 08/21/14 in accordance with medical guidelines. The request for retrospective request for medications New Terocin (duration unknown and frequency unknown) dispensed on 09/09/2013 for treatment of thoracic and lumbar spine was denied on 08/21/14 in accordance with medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for medications New Terocin (duration unknown and frequency unknown) dispensed on 09/09/2013 for treatment of thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: According to the references, Terocin contain lidocaine and menthol. The CA MTUS state only Lidocaine in the formulation of Lidoderm patch (FDA approved) may be considered for localized peripheral (neuropathic) pain, such as in post-herpetic neuralgia or diabetic neuropathy, 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). The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Topically applied lidocaine is not recommended for non-neuropathic pain. There is no evidence of neuropathic pain in this injured worker. The medical records do not establish this topical patch is appropriate and medically necessary for this patient. Therefore, this request is not medically necessary.