

<b>Case Number:</b>	CM13-0007140		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	04/06/2010
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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 and Rehabilitation 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 36 year old female who was injured on 04/06/2010. She sustained an injury to her neck, left chest, and right wrist as a result of snapping a baton during her employment as a corrections officer. She is unable to return to her usual work duties at this time and is referred for diagnostic studies. Prior treatment history has included cervical epidural at C5-C6 on 12/21/2012. The patient's medications as of 01/22/2014 include Norco 10/325, Topamax 50 mg, Gabapentin 600 mg, and Docuprene twice a day. Diagnostic studies reviewed include MRI of the cervical spine dated 02/19/2013 demonstrates the cervical cord is normal in signal intensity and configuration without evidence for a cerebellar tonsillar herniation; C2-3 demonstrates no focal protrusion, canal stenosis or neural foraminal narrowing axial 3. The progress note dated 01/22/2014 reports the patient is having complaints of neck pain primarily left-sided as well as some right wrist complaints. She rates her pain as 8-9/10 and notes significant pain radiating from the neck into the occipital area of her head. She states her medications decrease her pain and allow her to function. She reports some constipation with the medication, but states Docuprene decreases this. She is also complaining of heartburn after taking her medication. She denies blood in her stool or black tarry stools. On exam, there is tenderness to palpation to the left-sided cervical spine as well as trapezius tenderness and facet tenderness. There is positive facet challenge to the left C4-C5 and C5-6. Range of motion of the cervical spine is decreased in all planes. There is increased pain with cervical extension, wrist extensors, flexors, and grip strength. Of note, the patient is involved in a medication safety program and its report documents blood work dated 02/07/2013 shows normal renal and hepatic function. Urine toxicology dated 01/23/2013 states results are consistent with medications detected, Hydrocodone; and CURES dated 01/22/2014 shows no transactions. Diagnoses are C6-C7 stenosis with improving left radiculopathy; right wrist arthralgia; and chronic pain syndrome.

The patient has several requests that are pending authorization that include: Docuprene 100 mg; Dendracin lotion 120 ml; Topiramate 50 mg; Hydrocodone/APAP; left rhizotomy of C4-5 and C5-6; Follow-up in 8 weeks; Med panel to evaluate hepatic and renal function; and UDS for medication safety. The progress note dated 07/23/2013 reports the patient states her pain prior to injection was rated at 8/10; now it is 4/10 on the pain scale. Per the patient, she also notes some improvement in her range of motion and denies any fever, chills, or sweats today. In the interim, she does continue home exercise program as tolerated. She is doing well with her current medication regimen and she continues Norco 10/325 mg one and a half three times daily, Gabapentin 600 mg 3 per day; Topamax 50 mg twice a day, Senna 8.6/50 mg twice a day. She also continues topical Terocin cream. She denies any side effects to the medications and states they continue to decrease her pain and normalize her function. She also notes topical Terocin cream helps to decrease her pain and also allows her to sleep better. The comprehensive interval history form was reviewed. The patient's pain diagram was reviewed in detail with the patient. On exam, range of motion of the cervical spine is decreased in all planes. There is tenderness to palpation to the paracervical musculature. Motor exam is 5-/5 secondary to pain in the bilateral upper extremities. The injection site is clean, dry, and intact with no signs of infection or erythema.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TEROCIN 4 OZ QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

**Decision rationale:** According to the CA MTUS guidelines, Lidocaine in neuropathic pain is 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). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records document the patient was diagnosed with C6-C7 stenosis with improving left radiculopathy, right wrist arthralgia, and chronic pain syndrome. As this medication is not recommended in cream or lotion form, the request is not medically necessary according to the guidelines.