

<b>Case Number:</b>	CM13-0032084		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	12/14/2012
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Family Practice, and is licensed to practice in Texas. 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 35 year old male who reported an injury on 09/22/2011. The patient has been treated received physical therapy, taken pain medication, muscle relaxants and AEDs. An MRI dated 03/21/2013 showed that the patient L5-S1, 5 mm right paracentral disc protrusion. The patient currently complains of pain to his neck and low back at 5 to 7/10 on the pain scale and numbness and tingling to left lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin pain patches #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The patient has undergone conservative treatment which includes physical therapy, pain medication, anti-epileptic and anti-depressant therapies but continues to have some deficits and complaints of pain to his lower back and lower left extremity. According the California MTUS guidelines, topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain.

Lidoderm is recommended only for topical use. The documentation submitted for review does not meet the California MTUS recommendations and therefore, is not certified.