

<b>Case Number:</b>	CM13-0034147		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	03/10/2008
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 & Rehabilitation and is licensed to practice in Arizona. 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 40-year-old male who was diagnosed with repetitive use injury on 3/10/08. He works as a packer and developed pain in both elbow joints which was diagnosed as lateral epicondylitis. Subsequently, he underwent treatment which also included lateral epicondylar surgical release. Improvement occurred on the right elbow but the left elbow remained painful. Terocin pain patch has been recommended for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN PAIN PATCH BOX OF 10 PATCHES #1:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The ODG guidelines (topical analgesics section) also concur and recommend topical lidocaine treatment to be limited for neuropathic pain and not musculoskeletal or joint pain.