

<b>Case Number:</b>	CM13-0050001		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	11/15/1995
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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, 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:

This is a patient with a date of injury of 11/15/95. A utilization review determination dated 10/29/13 recommends non-certification of Dendracin, gym membership, and Terocin patches. The medical report on 6/7/13 identifies bilateral knee pain of an 8 out of a 10 with clicking and losing balance. Pain in both knees radiates to the low back. He experiences numbness in the bilateral lower extremities with prolonged sitting and standing. He has spasms in bilateral calves. He feels depressed sometimes due to chronic physical condition. An exam revealed, the right lower extremity extends to 170 degrees and left lower extremity extends to 150 degrees. Strength in RLE is 4/5 and 3-4/5 in the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN PATCHES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter, Chronic Pain Management Guidelines, pg. 117-118.

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

**Decision rationale:** Regarding the request for Terocin patches, the California MTUS cites that topical Lidocaine 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). Within the documentation available for review, there is no documentation of peripheral neuropathic pain and failure of first-line therapy. In the absence of such documentation, the currently requested Terocin patches are not medically necessary.