

<b>Case Number:</b>	CM13-0058616		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/13/2013
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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 54-year-old male with a date of injury of 04/13/2013. The listed diagnosis per [REDACTED] dated 10/21/2013 is cervicalgia. According to report dated 08/05/2013 by [REDACTED], patient presents with continued symptomatology in the cervical spine. Examination of the cervical spine reveals tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. Axial loading compression test and Spurling's maneuver are positive. There is painful and restricted cervical range of motion. There is dysesthesia at the C6 and C7 dermatomes. According to report dated 10/21/2013 by [REDACTED] patient is being prescribed Terocin patch quantity #10 "to assist the patient with treatment of mild to moderate acute or chronic aches or pain."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Terocin Patch:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, Section on Lidocaine, pg 112 states that lidocaine indications are for neuropathic pain "recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. Topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy." A thorough review of medical records dating from 04/24/2013 to 10/21/2013 does not show evidence of "localized peripheral pain." The treating physician appears to be using the patches for the patient's musculoskeletal pain which is not supported by the guidelines. The requested Terocin patches are not medically necessary, and recommendation is for denial.