

<b>Case Number:</b>	CM13-0059977		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Internal Medicine, 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 53-year-old male with a 7/1/11 date of injury when he slipped and fell and injured his left wrist. The patient sustained left wrist fracture and had arthroscopic intra-articular ostectomy of the distal radius. The patient was seen on 9/17/13 with complaints of left wrist discomfort. Exam findings revealed positive Tinel's sign and decreased sensation and muscle strength in the wrist. The patient was seen on 11/20/13 with complains of persistent left with pain, which is alleviated by activity restrictions. The physical examination of the left extremity revealed decreased range of motion in the wrist in all planes, positive Tinel's sign in the wrist and decreased sensation along the median nerve distribution. The diagnosis is status post intra-articular distal radius fracture with residual pain. Treatment to date: left hand surgery, work restrictions, wrist splint and medications. An adverse determination was received on 11/7/13 and there was no rationale with regards to the decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE TEROGIN PATCH #30 FOR DOS 10/16/2013: 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 Page(s): 112.

**Decision rationale:** The MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, the California MTUS states that topical lidocaine may be 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). There is a lack of documentation indicating that the patient tried first-line therapy medication for neuropathic pain. Therefore, the request for Terocin patch #30 was not medically necessary.