

<b>Case Number:</b>	CM13-0070853		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	08/13/2008
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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, 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 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 female with date of injury of 08/13/2008. According to the report, the patient complains of constant neck pain. She rates her pain 8/10. She describes the pain as achy and stiff in character. The patient also complains of constant low back pain and rates it 9/10 in severity. She describes it as sharp, achy, and stiff. The patient complains also of leg pain which comes and goes at a rate of 6/10 in severity and she also complains of constant hip pain and rates it 8/10 in severity. The patient states that prescription medications and lying down for a long time with feet elevated make the pain better. The physical exam shows there is moderate to severe tenderness with the spasm to both paraspinal columns. She has bilateral trapezial spasms as well in the cervical spine. There is extreme tenderness to both paraspinal columns as well as sciatic notches on both sides of the lumbar spine. Strong positive bilateral straight leg raise with pain at 50 degrees with peroneal nerve stretch signs. Muscle testing is 4/5. Reflexes are hyperreflexic at the patella and Achilles bilaterally at +3. Sensory appears to be fairly normal to light touch to the L3 through S1 dermatomes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR TEROGIN PATCH:** Upheld

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

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

**Decision rationale:** Terocin patch is a topical lidocaine. The MTUS Guidelines page 112 on topical lidocaine states that it 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. The review of records from 01/14/2013 to 10/04/2013 did not show that the patient has trialed other first-line therapies. This patient does not present with peripheral localized pain for which these patches are indicated for. Furthermore, the treating physician does not mention what this patch is used for and with what efficacy. The request is not medically necessary.

**RETROSPECTIVE REQUEST FOR CIDAFLEX:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

**Decision rationale:** Cidaflex appears to be a combination medication containing Glucosamine/Chondroitin. The MTUS Guidelines state that glucosamine and chondroitin sulfate are recommended as an option given it is low risk in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulfate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). The review of reports do not show a diagnosis of arthritic knee. The report making the request for Cidaflex is missing and the rationale behind the retrospective request is not known. The request is not medically necessary.