

<b>Case Number:</b>	CM14-0001507		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	04/09/2010
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 44-year-old male who reported an injury on 04/09/2010. The mechanism of injury was not stated. The current diagnoses include grade 1 spondylolisthesis at L5-S1, herniated nucleus pulposus of the lumbar spine, lumbar radiculopathy, and L5 spondylolysis. The injured worker was evaluated on 08/21/2013. The injured worker reported persistent lower back pain as well as neck pain. Previous conservative treatment includes chiropractic therapy. Physical examination revealed no acute distress, a non-antalgic gait, tenderness to palpation of the lumbar spine, limited lumbar range of motion, and 4/5 strength in bilateral lower extremities. The treatment recommendations at that time included prescriptions for Terocin pain patch, a compounded cream, and a follow up visit in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN PATCHES #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS,.

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

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no frequency listed in the current request. As such, the request is non-certified.