

<b>Case Number:</b>	CM14-0006400		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	06/12/2010
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Occupational 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 57 year-old male with a 4/11/80-6/12/10 dates of injury. He sustained multiple industrial events while he was employed at the Fire Department. In a progress note dated 11/21/2013 the patient complains of back pain with no radiation, as well as bilateral hip, right knee and bilateral ankle pain. Objective findings show that the patient's range of motion of the lumbar spine is restricted, the motor strength in all major muscle groups is 5/5, sensation is normal, deep tendon reflexes are normal and symmetrical. Diagnostic impressions include status post C4-C7 hybrid cervical reconstruction, lumbar discopathy, electrodiagnostic evidence of chronic right S1 radiculopathy, rule out bilateral plantar fasciitis. Treatment to date include activity modification, medication management, and surgical interventions. A UR decision dated 2/7/14 denied the request for Terocin patch #10. Terocin patches contain Menthol 4% and Lidocaine 4%. CA MTUS Chronic Pain Medical Treatment Guidelines state that lidocaine is not recommended for topical applications. There is no discussion as to why Terocin patches would be required despite adverse evidence.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN PATCH #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 111-113.

**Decision rationale:** 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, CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). There is no discussion in the physician's report stating that the patient has been on and failed a first-line therapy medication. There is also no mention of the duration for Terocin Patch and the application site is not mentioned. Therefore, the request for Terocin Patch #10 is not medically necessary.