

<b>Case Number:</b>	CM14-0104221		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/16/2014
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 50-year-old female who reported an injury on 03/16/2014. The injured worker was standing guard at her post when a truck hit the building, causing her to hit her head, injuring her neck and low back. The injured worker has diagnoses cervical spine sprain/strain, thoracic spine sprain/strain, and lumbar spine sprain/strain. Past medical treatment consisted of the use of heating pads and medication therapy. Medications included deprizine, dicopanol, Fanatrex, Synapryn, Tabradol, cyclobenzaprine, ketoprofen cream, and Terocin patches. The injured worker has undergone x-rays. On 05/07/2014, the injured worker complained of neck, mid back, and low back pain. The physical examination revealed that the injured worker had a pain rate of 7/10. The cervical spine of the injured worker was tender to palpation at the occiputs, trapezius, sternocleidomastoid, and levator scapula muscles. Ranges of motion of the cervical spine were all within normal limits. Cervical distraction and cervical compression were persistent bilaterally. The examination of sensory response indicated that the injured worker was slightly diminished over the C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities. Motor strength was 5/5 in all the represented muscle groups in the bilateral upper extremities. Deep tendon reflexes were 2+ and symmetrical in the bilateral upper extremities. The examination of the thoracic spine revealed that the injured worker was tender to palpation at the rhomboids and mid trapezius muscles. Ranges of motion were all within normal limits. The examination of the lumbar spine revealed that the injured worker was tender to palpation at the lumbar paraspinal muscles and over the lumbosacral joint. There was trigger point noted at the PSIS. Range of motion revealed the flexion to be proximal tibias; extension of 10 degrees, left lateral flexion of 20 degrees, right lateral flexion of 20 degrees, left rotation 20 degrees, and right rotation of 20 degrees. Tripod sign, flip test, and Lasegue's differential were persistent bilaterally. The injured worker had slight decreased sensation to pinprick and light touch at the

L4, L5, and S1 dermatomes bilaterally. Muscle strength was 4/5 in the represented muscle groups in the bilateral lower extremities. Deep tendon reflexes were 2+ and symmetrical in the bilateral lower extremities. The treatment plan was for the injured worker to continue the use of Terocin patches. The rationale and Request for Authorization form were not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Terocin Patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

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

**Decision rationale:** The request for Terocin patches is not medically necessary. Terocin patches consist of lidocaine 4% and menthol 4%. The California MTUS Guidelines state that lidocaine in a transdermal application is recommended for neuropathic pain and recommended for localized peripheral pain after there has been evidence of a trial of first line therapies such as a tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica. No other commercially-approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Nondermal patch formulations are generally indicated as local anesthetic and antipruritic. In 02/2007, the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of the substance over large areas, left the products for long periods of time, or used the agents with occlusive dressings. Only FDA approved products are currently recommended. The submitted reports lacked documentation showing that the injured worker had a diagnosis of neuropathic pain. The guidelines also state that lidocaine is recommended for localized peripheral pain. However, there was no documentation submitted in the reports that the injured worker had such pain. Furthermore, there was no indication in the submitted reports that the injured worker had trialed and failed any first line therapies, such as tricyclic or SNRI antidepressants or AEDs such as gabapentin or Lyrica. Additionally, the efficacy of the medication was not provided to support continuation of the medication. The request as submitted did not indicate the dosage, frequency, or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Terocin patch is not medically necessary.