

<b>Case Number:</b>	CM14-0010812		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/28/2005
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 patient is a 51-year-old who has submitted a claim for lumbar radiculitis, Vicodin addiction, bilateral lower extremity radiculopathy, failed back syndrome, urinary incontinence, hypertension, and status post gastric bypass associated with an industrial injury date of January 28, 2005. Medical records from 2013 were reviewed. Patient complained of low back pain, graded 5-8/10 in severity, radiating to bilateral lower extremities. Numbness and weakness were noted. Aggravating factors included prolonged sitting, standing, and walking. Physical examination of the lumbar spine showed tenderness and painful range of motion. Bilateral hamstring tightness was noted. Sensation was diminished at bilateral thighs. Reflexes and sensation were intact. Patient ambulated using a seated four-wheeled walker. Gait was slow. Treatment to date has included thoracic spine fusion in 2009, spinal cord stimulator implant, physical therapy, aqua therapy, acupuncture, and medications such as zolpidem, morphine, metoprolol, gabapentin, and Fentanyl. Utilization review from December 26, 2013 denied the request for Terocin patches because there was nothing submitted which showed indication for its use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN PATCHES:** 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 9792.24.2, Lidocaine patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylate.

**Decision rationale:** Terocin patch contains both lidocaine and menthol. The Chronic Pain Medical Treatment Guidelines state 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 [serotonin-norepinephrine reuptake inhibitor] anti-depressants or an AED [anti-epileptic drug] such as gabapentin or Lyrica). Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, patient complained of low back pain radiating to bilateral lower extremities associated with numbness and weakness. Manifestations are consistent with neuropathic pain. Patient has persistent symptoms despite gabapentin use, hence, the addition of Terocin patch. The medical necessity has been established; however, the request failed to specify quantity to be dispensed. The request is incomplete; therefore, the request for Terocin patches is not medically necessary or appropriate.