

<b>Case Number:</b>	CM14-0019634		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	12/31/2005
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 51 year old male who reported an injury on 12/31/2005 secondary to an unknown mechanism of injury. The diagnoses included left shoulder pain, cervical disc degeneration and post laminectomy syndrome, depressive disorder and anxiety. The injured worker was evaluated on 12/18/2013 for reports of persistent neck and left shoulder pain. The exam noted diminished sensation and pinprick sensation to the right C5-C6 dermatomal area, tenderness and muscle spasm and abnormal alignment to the cervical area. The upper extremity motor strength was 3/5 for flexors and extensors bilaterally and the adductors and abductors to the left. The bilateral hand grip strength was graded at 4/5 bilaterally. The treatment plan included continued medication therapy and imaging studies. The request for authorization was submitted on 12/31/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE TEROGIN PATCH 12/18/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

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

**Decision rationale:** The request for retrospective terocin patch 12/18/2013 is non-certified. The California MTUS Guidelines note the FDA does not recommend the use of lidocaine topically other than in a dermal patch such as Lidoderm. The guidelines further state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As the guidelines note other topical formulations of Lidocaine other the lidoderm are not recommended the requested medication would not be indicated. Furthermore, there is no number of patches indicated in the request. Therefore, the request is not medically necessary and appopriate.