

<b>Case Number:</b>	CM14-0118266		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/29/2005
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Texas and Oklahoma. 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 55-year-old male who reported an injury on 09/29/2005 due to an unknown mechanism. The injured worker was diagnosed with chronic L4-5, S1 radiculopathy per Electromyography (EMG), status post lumbar fusion at L5-1, degenerative disc disease to the lumbar spine, multiple herniated nucleus pulposus of the lumbar spine, adjacent segment disease at L4-5, degenerative disc disease of the cervical spine with radiculopathy, ongoing abdominal incision complaints, oral intolerance of NSAIDs, facet arthropathy of the lumbar spine, and multilevel disc herniations of cervical spine with moderate to severe neural foraminal narrowing. Prior treatments were not provided within the documentation. A lumbar EMG was performed. The injured worker underwent a lumbar fusion at L5-S1 on an unspecified date. On 05/28/2014, the injured worker reported pain to the neck and back rated at 4-6/10. The injured worker reported radiating pain and numbness down the bilateral lower extremities to the feet, as well as numbness down both arms to the hands. The physician noted the injured worker was wearing an lumbosacral orthotic (LSO) that helped with his pain level. The injured worker had normal and non-antalgic gait. The physician noted tenderness to palpation into the left paraspinal region with spasms noted. Range of motion was limited in the cervical spine and lumbar spine. The injured worker was prescribed Norco, Elavil, Prilosec, Tramadol, and Terocin patches. The treatment plan was to continue with pain medications to alleviate symptoms. The physician was requesting Terocin pain patches to assist with pain alleviation and to help decrease use of Norco. The Request for Authorization form was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Terocin Pain Patches 2 Boxes 5/28/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, page 56, Topical Analgesics, page 111 Page(s): 56; 111.

**Decision rationale:** The request for retrospective Terocin pain patches 2 boxes DOS 05/28/2014 is not medically necessary. Terocin patches are comprised of 4% Menthol and 4% Lidocaine. The California MTUS Guidelines note Lidocaine is recommended for neuropathic pain after there has been evidence of a trial of first line therapy including antidepressants or an anti-epilepsy drug (AED), such as Gabapentin or Lyrica. Topical Lidocaine in the formulation of a dermal patch, Lidoderm, has been designated for orphan status by the FDA for neuropathic pain and no other commercially approved topical formulations of Lidocaine, whether creams, lotions, or gels, are indicated for neuropathic pain. Lidocaine 4% is not recommended for nonneuropathic pain. The use of this patch has been noted since 02/2014. There has been no documentation of a trial of first line therapy including antidepressants or an AED, such as Gabapentin or Lyrica. The injured worker continues to have no relief of pain and improvement in functional status. Which raises concerns pertaining to the efficacy of this medication. As such, the request is not medically necessary.