

<b>Case Number:</b>	CM14-0122136		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/07/2010
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Management 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 07/07/2010. The mechanism of injury was not provided. On 06/19/2014, he presented with pain in the low back and right knee. Upon examination of the lumbar spine there was a well healed scar without signs of infections and a palpable spinal cord stimulator in the left flank. The examination of the right knee revealed no sign of infection or instability. The motor strength in the lower extremities was 5 out of 5 and the injured worker ambulated with the assistance of a walking cane. The diagnoses were post laminectomy syndrome, status post spinal cord stimulator revision and status post spinal cord stimulator implant. Current medications included Norco, Soma, Naproxyn, Omeprazole, Lexacin, topical creams and patches. The provider recommended Teracin patch with a quantity of 30, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Teracin Patches #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals; Topical Analgesics; Lidocaine Indication; Capsaicin. Decision based on Non-MTUS Citation  
<http://dailymed.nlm.nih.gov/dailymed/archives/fdaDruginfo.cfm?archiveid=41055>.

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

**Decision rationale:** The California MTUS Guidelines state that topical compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain with trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines state that capsaicin is recommended only as an option if injured workers have not responded to or are intolerant to other treatments. The included medical documents do not indicate that the injured worker had not responded to or was intolerant to other treatments. The guidelines do not recommend topical Lidocaine in any other form than Lidoderm, and the included medical documents lack evidence of a failed trial of antidepressants or anticonvulsants. The request does not indicate the frequency, dose or site in which in the Terocin patch was intended for in the request as submitted. As such, the request for Terocin Patches #30 is not medically necessary.