

<b>Case Number:</b>	CM14-0126195		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	02/21/2012
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Tennessee. 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:

This is a 37-year-old male with a 2/21/12 date of injury. The mechanism of injury occurred when his vehicle was impacted from the rear. According to a progress report dated 6/9/14, the patient felt much improved but still experienced pain in his neck. He continued to use topical analgesic patches every other day and found them to be extremely helpful. Objective findings: full range of motion of cervical spine with very minimal muscle spasm, normal neurologic examination, no significant local tenderness. Diagnostic impression: cervical radiculitis, neck sprain, headache. Treatment to date: medication management, activity modification. A UR decision dated 7/8/14 denied the request for Terocin patches dispensed on 6/9/14. The records provided do not endorse failure of trials of oral adjuvant analgesics such as antidepressants or anticonvulsants. Further, the patient's physical examination did not document significant findings, nor did the patient report neuropathic-type symptoms that would warrant topical analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Terocin Transdermal Patch #10 Dispensed On 06/09/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://dailymed.nlm.gov/dailymed/lookup.cfm?setid>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

**Decision rationale:** MTUS chronic pain medical treatment guidelines states that topical Lidocaine in the formulation of a dermal patch has been designated for orphans' status by the FDA for neuropathic pain. In addition, CA MTUS states 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 anti-depressants or an AED such as gabapentin or Lyrica). The guidelines state that for continued use of Terocin patches, the area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). However, the documentation provided does not include this information. In addition, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as gabapentin. Furthermore, there is no documentation that the patient is unable to take oral medications. Therefore, the request for Retro Terocin Transdermal Patch #10 Dispensed On 06/09/2014 is not medically necessary.