

<b>Case Number:</b>	CM14-0135188		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	05/03/2002
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 49 year old male who sustained an industrial injury on 05/02/02. The mechanism of injury was sustaining injuries to his lumbar spine while standing on a 10 foot ladder lifting a 250 pound roll of wire over his head while he was pushing the roll up and when it came down on him. He had fractures at L2, L3, L4 and L5. His prior treatments included 5 surgical interventions, physical therapy and pain management. His most recent surgical history included recent lumbar spine surgery on 10/03/12. He had right-sided decompression and fusion with hardware fixation. Surgery was reportedly terminated halfway due to hypotension. His prior MRI of lumbar spine showed postsurgical changes in the lumbar spine at L3 to S1, arachnoiditis and persistent bilateral neural foraminal narrowing. His progress note from Pain management consultant from 05/29/14 was reviewed. The subjective symptoms included lumbar spine pain with numbness and tingling in the left lower extremity corresponding to the L5 and S1 dermatomes. He was status post 5 lumbar surgeries. He reported increasing burning pain in the left L5 dermatome and requested a lumbar epidural injection. He also had new onset left upper extremity symptoms and an associated neck pain. He had numbness and tingling in the hand and thumb. His pain was 8 on a scale of 0-10. He had severe left lower extremity burning pain, weakness and asymmetric patellar tendon reflexes. After the most recent procedure, he had severe burning pain into the left lower extremity. Pertinent examination findings included markedly reduced lumbar ranges of motion, positive left sided straight leg raising test, absent left sided patellar and Achilles tendon reflexes with decreased left lower extremity strength of 3+/5. The diagnoses included status post lumbar spine surgery, post laminectomy/fusion syndrome, sacroiliac joint pain, lumbar neuralgia, arachnoiditis and opioid dependence. Recommendations included Spine Surgery consultation, Physical therapy and continuation of oral medications including Oxycontin 8-mg every 6 hours as needed, Neurontin 300mg every 8 hours,

Amitriptyline 50mg daily, Restoril 30mg 1 to 2 tablets at bedtime, Androgel 2 pumps daily, Naproxen 550mg BID and Terocin patches topical.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Terocin patches #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation [www.drugs.com/mtm/menthol-topical-oral-mucous-membrane](http://www.drugs.com/mtm/menthol-topical-oral-mucous-membrane)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**Decision rationale:** Terocin patches contain 4% Menthol and 4% Lidocaine. According to Chronic Pain Medical Treatment guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally the guidelines do not recommend topical lidocaine other than in the Lidoderm patch form. Therefore the lidocaine in Terocin patches is not medically necessary. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic disorders other than post-herpetic neuralgia. The request for Terocin patches is not medically necessary or appropriate.