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| <b>Case Number:</b>   | CM14-0135367 |                              |            |
| <b>Date Assigned:</b> | 08/29/2014   | <b>Date of Injury:</b>       | 09/04/2013 |
| <b>Decision Date:</b> | 10/02/2014   | <b>UR Denial Date:</b>       | 07/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/22/2014 |

### 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 Occupational Medicine, and is licensed to practice in California. 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 patient is a 58-year-old female who has submitted a claim for left ulnocarpal impaction associated with an industrial injury date of 09/04/2013. Medical records from 12/09/2013 to 08/14/2014 were reviewed and showed that patient complained of left wrist pain (pain scale grade unavailable). Physical examination revealed tenderness over the left carpoulnar joint with positive ulnocarpal grind. Treatment to date has included left wrist arthroscopic surgery with TFCC debridement and distal ulna wafer resection (02/05/2014), bilateral carpal tunnel release (2011), 24 sessions of physical therapy, wrist splint, left carpoulnar joint cortisone injection (12/09/2013), Lidocaine pain patch #1 (prescribed since 04/24/2014), Ibuprofen, Nabumetone, Zolpidem, and Hydrocodone-APAP. Of note, there was no documentation of pain relief from Terocin patch use. Utilization review dated 07/28/2014 denied the request for terocin patch QTY: 1 because there was no documentation of intolerance to oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin pain patch QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patch Page(s): 56-57.

**Decision rationale:** As stated on page 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, lidoderm patch is 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). In this case, the patient was prescribed Terocin patch #1 since 04/24/2014. There was no documentation of pain relief from Terocin patch use. Moreover, there was no evidence of trial of first-line therapy which is required to support Terocin patch use. Therefore, the request for Terocin pain patch qty: 1 is not medically necessary.