

<b>Case Number:</b>	CM14-0151820		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	04/01/1999
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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, has a subspecialty in Pain 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:

This is a 57-year-old male patient who sustained a remote industrial injury on 04/01/1999 and continues to receive treatment for diagnosis of lumbago. Previous treatment has included physical therapy, injections, spinal cord stimulator implantation, and both oral and topical medications. A request for Terocin 4% Lidocaine patches every 12 hours #30 was noncertified at utilization review on 08/11/14 with the reviewing physician noting that the patient reportedly had a previous gastric bypass and has absorption issues with multiple medications and thus topical preparations were utilized. Lidoderm patches were not helpful and a trial of Terocin patches was certified for one month only to determine if benefit would be achieved. Future refills were to be dependent upon documentation of functional improvement. It was noted that there was documented sustained improvement attributed to the Terocin patches and this medication was again with certified with refills dependent on documentation of functional benefit. Since that review, the claimant has continued treatment with high-dose opioids. There has been no specific benefit from the use of Terocin Lidocaine patch and radicular pain remains prominent. Placement of patches and reduction of neuropathic pain was not documented. Most recent progress note provided for review is dated 09/11/14. Current diagnoses are listed as lumbago with failed back surgery syndrome, status post spinal cord stimulator implantation, and cervicgia with bilateral radiculopathy, repetitive stress injury, status post cervical epidural injections, reactive depression and anxiety, diagnosed sleep apnea /excessive daytime somnolence. Patient presented with subjective complaints of pain rated at 4-5/10 located in the lumbar spine including both axial and radicular pain. Patient has continued with the use of Oxymorphone for baseline pain and Hydromorphone for general and breakthrough pain. These medications continue to provide good analgesia for the patient and allow her to maintain function and activities of daily living. It was also noted the patient has been utilizing the Terocin 4%

Lidocaine patches. Patient has been authorized for physical therapy which will be scheduled soon. The patient's spinal cord stimulator has been malfunctioning and has not been providing any benefit. The patient was given a prescription for an x-ray of the lower thoracic spine and upper lumbar to look at lead placement, but has not had this x-ray done. It was noted when her spinal cord stimulator was working properly and provided effective pain relief. Objective findings revealed sciatic notch tenderness bilaterally greater on the left. There is focal tenderness over the facets with positive facet provocation. Range of motion is decreased in the lumbar spine. There are sensory deficits to light touch, temperature and vibratory sensation to the left lower extremity over the L4, L5 and S1 dermatomes. Gait is somewhat stiff. She has tightness and muscle spasm in the posterior aspects of the legs. She has paraspinous spasm in the lumbar spine. She has radicular pain bilaterally, worse in the left leg. It was noted functional status has not changed appreciably over the past month. Medications include Oxymorphone ER 15 mg 1 tablet by mouth twice daily #60 for baseline pain; Hydromorphone 8 mg 1-2 tablets every 3-4 hours as needed for pain flares #200; Terocin 4% Lidocaine patches applied every 12 hours to areas of pain #30.

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

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

**Terocin 4% Lidocaine patches every 12 hours quantity 30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical and Compounded Medications Page(s): 111-3.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The CA MTUS on Topical Analgesics indicates, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Terocin patches contain Lidocaine and Menthol. Topical Lidocaine 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 medical records provided do not endorse failure of trials of first line oral adjuvant analgesics such as antidepressants or anticonvulsants. There is no specific measurable pain relief or objective functional benefit attributed to the use of Terocin 4% Lidocaine patches in this case that would support continued use. There is no documentation of reduction in oral medication use as a result of topical Terocin patches. This request is not medically necessary.