

<b>Case Number:</b>	CM14-0022084		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	01/08/2007
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 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:

This is a 36-year-old female patient with a 1/8/07 date of injury. A progress report dated on 12/11/13 indicated that the patient complained of lower back pain 8-9/10. She reported that her pain 10% worst at that time. The patient stated that her previous epidural injection significantly decreased her pain. Objective findings demonstrated tenderness over cervical thoracic and lumbar paraspinal muscles. There was limited range of motion in her thoracic and lumbar spines in all planes. She was diagnosed with Lumbar radiculopathy, Multilevel lumbar HNP's with neural foraminal narrowing, and multilevel DDD of the lumbar spine. Treatment to date: prior epidural injection, chiropractic therapy, acupuncture, and medication management. There is documentation of a previous 1/24/14 adverse determination, because guidelines does not recommended topical analgesic use for chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 BOXES OF TEROGIN PATCHES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESIC,.

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

**Decision rationale:** CA 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 (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). However, there was no documentation supporting that Terocin patches significantly decreased her pain. In addition, there was no evidence of failure of first-line treatment. Therefore, the request for 2 boxes of Terocin patches was not medically necessary.