

<b>Case Number:</b>	CM14-0031345		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Texas. 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 injured worker is a 50-year-old male who reported an injury on 07/27/2011. The mechanism of injury was not stated. Current diagnoses include spondylolisthesis at L4 through S1, bilateral L5 pars defect, multilevel disc herniation of the cervical spine, and thoracic disc herniations at T1 through T4. The injured worker was evaluated on 12/06/2013. The injured worker reported ongoing 9/10 lower back pain. Physical examination revealed tenderness to palpation, positive spasms, limited range of motion, diminished strength in the left lower extremity, and intact sensation. Treatment recommendations included continuation of Terocin pain patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN PAIN PATCH, BOX OF 10 PATCHES:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence

of a trial of first line therapy. As per the documentation submitted, the injured worker has utilized Terocin pain patches since 08/2013. Despite ongoing use, the injured worker continues to report high levels of pain. There is no documentation of a trial of first line therapy prior to the initiation of a topical analgesic. There is also no frequency listed in the current request. Based on the clinical information received, the requested Terocin pain patches are not medically necessary at this time.