

<b>Case Number:</b>	CM14-0035904		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 50-year-old male with a history of rolling his left ankle while at work on 10/02/2012 as a result of his foot slipping off the clutch in a vehicle he was driving. Since then, he has had a continual complaint of left ankle pain. On examination there is slight tenderness to palpation at the lateral ankle that is absent of swelling. An MRI obtained after April 30th, 2014 as result of the patient having rolled his ankle again found that he has an Osteochondral injury medial dome of the talus. In dispute is a decision for Terocin patches for left ankle for an unknown quantity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Special service/proc/report (Terocin patches for left ankle- unknown quantity):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (2009) Topical Analgesics Page(s): 111.

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

**Decision rationale:** Lidoderm (Terocin) transdermal patches for pain: Lidoderm, topically, may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressants or an (AED) such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved

for post-herpetic neuralgia. It is also used off-label for diabetic neuropathy. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. As specifically outlined in the CA MTUS guidelines, Lidoderm patches are FDA approved for use in treatment for patients with post-herpetic neuralgia; a diagnosis not documented for this patient. I did not find within the provided medical documentation any evidence of a trial of either tri-cyclic or SNRI medication. As the guidelines have not been satisfied for authorizing this treatment, it is not warranted and not medically necessary.