

<b>Case Number:</b>	CM14-0037152		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/09/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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:

The patient is a 41-year-old female who was injured on 10/19/2012, from a fall. She complains of daily headaches and neck pain with right radiculopathy. An MRI of the brain performed on 10/31/2013 was normal study. The cervical spine MRI performed on 1/14/2014 provided impressions as follows: 1. Focus of apparent myelomalacia in cervical spinal cord as discussed above. 2. Lower cervical spondylosis. According to the medical report dated 3/7/2014, the patient was seen for follow-up examination. She complains of persistent jaw pain and diffuse right side facial tingling. List of prescribed medications are Ibuprofen, Naprosyn, Norco, Terocin patch, and Ultracet. Physical examination documents tenderness to palpation overlying the facet joints on the right, 1+ less muscle spasm, limited cervical ROM, tenderness of the fronto-parietal and temo-pareital cranial sutures, marked tenderness of right TMJ, and marked trigger points of suboccipitals.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin (Lidocaine-Menthol 4%-4%) #30 patches no refills:** Upheld

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

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

**Decision rationale:** According to the references, Terocin patches contain lidocaine and menthol. The CA MTUS state only Lidocaine in the formulation of a Lidoderm patch may be considered 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). The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topically applied lidocaine is not recommended for non-neuropathic pain. The patient tolerates standard oral medications. The medical records do not establish this topical patch is medically necessary for this patient. The request of Terocin (Lidocaine-Menthol 4%-4%) #30 patches is not medically necessary.