

<b>Case Number:</b>	CM14-0039683		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 31-year-old female who reported an injury 03/28/2012. The mechanism of injury was not provided. On 01/27/2014, the injured worker presented with discomfort at the surgical incision. She is status post interbody fusion at the L5-S1 level. She regained full strength in both lower extremities. Upon examination, the injured worker had normal strength in both lower extremities with normal sensation. The gait was normal. There was muscle spasm in the lumbosacral musculature. Prior therapy included medications and surgery. The provider recommended Terocin patch, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 143.

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

**Decision rationale:** The California MTUS state that topical compounds are largely experimental in use with few randomized controlled trials that determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines state that capsaicin is recommended only as an option if injured workers are not responsive to intolerant to other treatments. The guidelines state Lidoderm is the only topical form of lidocaine approved by the FDA. The included medical documents do not indicate that the injured worker has not responded or is intolerant to other treatments. The guidelines do not recommend topical formulations of lidocaine in any other form than Lidoderm. Included medical documentations lack evidence of a failed trial of antidepressants or anticonvulsants. Additionally, the request does not indicate the frequency, dose, quantity, or the site that the Terocin patch was intended for in the request as submitted. As such, the request for Terocin patch is not medically necessary and appropriate.