

<b>Case Number:</b>	CM14-0040204		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/29/2003
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/27/2014
<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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 50-year-old male was reportedly injured on January 29, 2003. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated April 16, 2014, indicated that there were ongoing complaints of low back pain radiating to both lower extremities. The injured employee used a cane for ambulation. The physical examination demonstrated diffuse tenderness throughout the lumbar spine with decreased lumbar spine range of motion. There was normal lower extremity sensation and decreased motor strength at the tibialis anterior and extensor hallucis longus. There was a positive left sided straight leg raise test. Diagnostic imaging studies reported mild degenerative disc disease with leg scoliosis and retrolisthesis at L2-L3, L3-L4, and L4-L5 with multilevel disc herniations. Previous treatment included a lumbar spine fusion. A request had been made for terocin patches and a medial branch block at L3-L4 and L4-L5 bilaterally and was denied in the pre-authorization process on March 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Terocin patch #1 box:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Products.

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

**Decision rationale:** Terocin patches are a compound containing methyl salicylate, capsaicin, menthol, and lidocaine. The Chronic Pain Medical Treatment Guidelines note that the use of topical medications is largely experimental, and there have been few randomized controlled trials. It further goes on to note that topical lidocaine is a secondary option when trials of antiepileptic drugs or antidepressants have failed. Based on the clinical documentation provided, the injured employee has not attempted a trial of either of these classes of medications. Additionally, the Chronic Pain Medical Treatment Guidelines also states, that when a single component of the compounded medication is not indicated, the entire medication is not indicated. As such, this request for terocin patches are not medically necessary and appropriate.

**1 medial branch block at L3-4, L4-5 bilaterally:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): : 300. Decision based on Non-MTUS Citation Official Disability Guidelines - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Facet Joint Intra-Articular Injections, updated July 3, 2014.

**Decision rationale:** According to the Official Disability Guidelines, the criteria for facet joint intra-articular injections includes that there is no evidence of radicular pain, spinal stenosis, or a previous fusion. According to the most recent physical examination dated April 16, 2014, the injured employee complained of radicular symptoms, and there was decreased lower extremity muscle strength. For this reason, this request for a medial branch block at L3-L4 and L4-L5 is not medically necessary and appropriate.