

<b>Case Number:</b>	CM14-0040872		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	05/31/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Orthopaedic Surgery 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:

This 41-year-old female sustained an industrial injury on 5/31/12, relative to repetitive work duties. Past surgical history was positive for L5/S1 laminectomy in 1996. The 8/3/12 cervical MRI documented a disc osteophyte complex at C5/6 with mild central stenosis. The 8/3/12 lumbar MRI documented left sided pars defect at L4, moderate to severe lower lumbar facet hypertrophy, mild multilevel degenerative disc disease, and mild foraminal narrowing at L4/5 and L5/S1 bilaterally. The 2/11/14 treating physician report cited persistent grade 5-7/10 neck pain with occasional numbness, tingling and burning in the right upper extremity to the hand, and right sided low back pain. The patient was status post cervical medial branch block on 1/24/14 that helped significantly for 2 days. An L3/4, L4/5, and L5/S1 rhizotomy on 11/8/13 decreased pain by 80%. The patient was taking Percocet without side effects and was continuing to work. Physical exam documented tenderness over the C5/6 facet joints and cervical and lumbar paraspinal musculature. There were positive facet challenges in the cervical and lumbar spine. There was decreased left L4 and L5 dermatomal sensation, symmetrical upper and lower extremity strength, and hyperreflexia in the upper and lower extremities. The treatment plan recommended cervical rhizotomy at the bilateral C5/6 facets, continued Percocet, and trial of Terocin patches to attempt to minimize Percocet use. The 3/19/14 utilization review approved the cervical rhizotomy and denied the request for Terocin patches, as there was no indication of neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**# two (2) Terocin patch box (10 patch): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Topical analgesics, page(s) 111-113.

**Decision rationale:** The California MTUS state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin patches include Lidocaine 600 mg and Menthol 600 mg. Topical Lidocaine is not recommended for non-neuropathic pain. Typically, Lidocaine patches are recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. Guideline criteria have not been met. There is no documentation of localized neuropathic pain to be addressed by Terocin patches and no comprehensive first line guideline-associated medication failure documented therefore, this request is not medically necessary.