

<b>Case Number:</b>	CM14-0060585		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/13/2012
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 58-year-old female who has submitted a claim for cervical herniated nucleus pulposus and inflammation of knees, associated with an industrial injury date of March 13, 2012. Medical records from 2012 to 2014 were reviewed. The patient complained of intermittent, moderate right-sided neck pain radiating to the right upper extremity. Physical examination showed decreased neck and shoulder ROM with tenderness. The diagnoses were myoligamentous strain of the cervical spine; compression/contusion of the right shoulder; status post arthroscopic right shoulder surgery in 2002 due to prior industrial injury; and carpal tunnel syndrome by history due to prior industrial injury. Treatment plan includes a request for Terocin patches. Treatment to date has included oral and topical analgesics, muscle relaxants, H-wave, and physical therapy. Utilization review from April 24, 2014 denied the request for Terocin/Lido Patches #10 because there is no documentation of neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin/ Lido Patches #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009: Lidoderm (lidocaine patch, Topical Analgesics, Lidocaine Page(s): 56-57, 112.

**Decision rationale:** Terocin Patch contains 4% lidocaine and 4% menthol. According to CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. In addition, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, there was no evidence of neuropathy or trial of first-line medications for neuropathic pain. The guideline recommends lidocaine in the form of dermal patch for neuropathic pain after trial of antidepressants or AED. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Terocin/ Lido Patches #10 is not medically necessary.