

<b>Case Number:</b>	CM13-0062620		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/11/2011
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Orthopedic Surgery, and is licensed to practice in Minnesota. 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 32 year old male sustained an injury to his low back on 5/11/2011 with persistent pain on the right side of the lumbosacral spine and right buttock area. The mechanism of injury was not available. Documentation indicates that this is a re-injury from 2009, when an MRI revealed a 4 mm protrusion at L4-5 and L5-S1. He underwent right L4-S1 laminectomy and discectomy on 2/1/13. As of 10/15/13 the injured worker continued to exhibit tenderness in the lumbar paravertebral muscles with spasm on the right side and tenderness in the right sacral area and sciatic notch and residual numbness and tingling of the right foot. He exhibited considerable stiffness with limited mobility. He had decreased range of motion associated with low back pain. There is a lumbar scar that is well healed. In the supine position straight leg raise elicits radicular type pain posteriorly into the right lower extremity. The pain is aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing and walking multiple blocks. Activities of daily living (bathing, dressing and hygiene) are compromised due to pain but the injured worker is not precluded from performing them. Medications include Naproxen, cyclobenzaprine, Ondansetron, omeprazole, Tramadol and Terocin Patch. Diagnoses include right lumbar radiculopathy, lumbar disc pathology per MRI (there is no date for the MRI), recurrent musculoligamentous strain of the lumbosacral spine and status post L4-5 and L5-S1 decompression with microdiscectomy, hemilaminotomy and foraminotomy. He was to continue with post-operative physical therapy twice a week for four weeks. Documentation from 9/9/13 indicates completion of a short course of physical therapeutic measures that included some exercises and this elicited some complaints on the part of the injured worker. There were six separate laboratory tests done to determine the current level of prescription medications. On 10/21/13 a request was submitted for Naprosyn and Terocin Patch. By 11/5/13 the radicular component of his pain had resolved but he had increasing pain in the low back with some transient extension of symptomatology into the legs

bilaterally. It was recommended that he needed to lose a considerable amount of weight. He remains temporarily totally disabled and has not worked since August 2011. On 11/22/13 Utilization Review non-certified the request for Terocin Patches based on the lack of documentation regarding localized peripheral pain associated with neuropathy and no evidence of failure of anti-convulsant and/ or anti-depressants to relieve the pain. MTUS Chronic Pain Guidelines were referenced.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Terocin Patch, QTY: 10.00:** Upheld

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

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

**Decision rationale:** Chronic pain guidelines recommend topical analgesics as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided does not indicate any such trial and failure. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little or no research to support the use of many of these agents. Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy including antidepressants or anticonvulsants such as gabapentin or Lyrica. Based upon the above guidelines, the request for Terocin patches are not medically necessary.