

<b>Case Number:</b>	CM14-0193479		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	04/09/2013
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 59-year-old male with injury date of 04/09/13. Based on the 05/05/14 progress report, the patient complains of back pain located in the midline of the spine without radiation. Physical examination of lumbar spine revealed mild tenderness to palpation along the paraspinals, left greater than right. Treater states that patient's pain is "under good control" with Anaprox and Menthoderm topical cream per 05/05/14 report. Based on the 06/09/14, the patient's pain was rated 0/10, and he started to work. Diagnosis 06/09/14 -Left L2-L3 paracentral disc herniation with moderate compression of the anterior thecal sac, moderate bilateral neuroforaminal narrowing, and mild compression of the L3 nerve root as it exists at the thecal sac, associated left L3 radiculopathy, improved.-Mild bilateral neuroforaminal narrowing of L3-L4.-L4-L5 mild-to moderate left neuroforaminal narrowing.-History of laminectomy at L5-S1 in concordance with lumbar MRI The request is for Terocin patch (Lidocaine and Menthol) for the lumbar spine. The utilization review determination being challenged is dated 10/16/14. The rationale is "...The provider denied requesting these medications....The patient is doing very well and is working with no pain." Treatment reports were provided from 05/13/14 to 09/08/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patch (Lidocaine and Menthol) for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Salicylate topicals; Capsaicin, topi.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Lidoderm® (lidocaine patch)

**Decision rationale:** Patient presents with back pain located in the midline of the spine without radiation. The request is for Terocin Patch (Lidocaine and Menthol) for the lumbar spine. California MTUS guidelines page 57 states, "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)." California MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. This form of treatment is recommended for localized peripheral pain." When reading Official Disability Guidelines (ODG), it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Treater has not provided reason for the request, nor does he discuss how it is used with what efficacy. However, the patient presents with low back pain and the patches are likely used for this condition. California MTUS does not support the use of these patches for spinal pain, but for neuropathic pain that is peripheral and localized. The request is not medically necessary.