

<b>Case Number:</b>	CM15-0160380		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	01/06/1983
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 63 year old female who sustained an industrial injury on 1-6-83. Her initial complaints and the nature of the injury are unavailable for review. She has diagnoses of thoracic or lumbosacral neuritis or radiculitis, chronic pain syndrome, synovial cyst of popliteal space, and osteoarthritis, localized, primary involving lower leg. The PR-2, dated 3-31-15, indicates that she reported keeping a pain diary. She noticed that "with medications she does well most of the time". She has increased pain with light housekeeping activities. She reported that she "experimented" wearing a back brace when performing these activities and found it to be helpful. She also reported a recent increase in her left knee and lumbar pain. A pain assessment form was completed and she was found to be "able to walk for several blocks comfortably with medication". Her past medical history was noted to include lupus, osteoarthritis, fibromyalgia, and peripheral neuropathy. Her medications included Amitriptyline, Flonase, Lyrica, Norco, Senna, and Trazadone. The treatment plan states "Will avoid increasing opioids at this time. She agrees to try topical anesthetic patch (Terocin) for one month to see if this helps". The 4-28-15 PR-2 indicated that the injured worker reported that the "Terocin patches worked wonders" for her pain. She indicated that she may be able to reduce her Norco, if she could continue on the patches. She was noted to have continued leg and back pain. The treatment plan included a prescription for Terocin patches. The 6-25-15 PR-2 states that the Terocin "was not authorized further". It also indicates that she had "leftover Terocin" in that month, as she was using them on an "as needed" basis. Her Lyrica was increased due to no authorization for the Terocin and her continued complaints of parasthesias in the left leg from the knee down.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patch #15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patches) Page(s): 56-57.

**Decision rationale:** The current request is for Terocin Patch #15. The RFA is dated 08/03/15. Treatment history included back brace and medications. The patient may return to modified duty. MTUS, Lidoderm (Lidocaine Patches) Section, pages 56, 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." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." Per report 03/31/15, the patient presents with left knee, lower back and neck pain. Examination revealed antalgic gait, and decreased ROM in the cervical and lumbar spine. Her medications included Amitriptyline, Flonase, Lyrica, Norco, Senna, and Trazadone. The treatment plan was for the patient to try topical anesthetic patch (Terocin) for one month to see if this helps. Per report 05/26/15, the patient's pain with medication is reduced from 8/10 to 3/10 and she is able to drive and play with her granddaughter. The treater states that the Terocin patches has allowed the patient to reduce all her medication intake, except for Lyrica. In this case, recommendation for further use cannot be supported as the treater has not indicate where these patches are to be applied. In addition, MTUS only recommends Terocin patches for patients with localized peripheral neuropathic pain and there is no such diagnoses in this case. Hence, the request IS NOT medically necessary.