

<b>Case Number:</b>	CM15-0163151		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	07/31/1996
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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 50-year-old male, who sustained an industrial injury on 7-31-96. The injured worker was diagnosed as having lumbar sprain, lumbar disc disease, chronic low back pain, and status post lumbar spine surgery. Treatment to date has included massage, a home exercise program, and medication. On 7-15-15, pain was rated as 5 of 10 without medication and 2 of 10 with medication. The injured worker had been using Terocin patches since at least 7-15-15. Currently, the injured worker complains of low back pain that radiates to bilateral legs and feet with numbness and tingling. The treating physician requested authorization for Terocin patch 120g #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patch 120gm #30:** 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 Lidoderm (Lidocaine patch) Page(s): 57.

**Decision rationale:** The 50-year-old patient complains of low back pain radiating to legs and feet with numbness and tingling, rated at 5/10, as per progress report dated 07/15/15. The request is for TEROGIN PATCH 120gm #30. The RFA for this case is dated 07/15/15, and the patient's date of injury is 07/31/96. Diagnoses, as per progress report dated 07/15/15, included lumbar sprain, lumbar disc disease, and chronic low back pain. The patient is status post lumbar surgery. Requested medications include Terocin patch. Prior reports indicate the use of Norco and Lyrica. The reports do not document the patient's work status. MTUS guidelines page 57, Lidoderm (Lidocaine patch) section 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', 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. In this case, a prescription for Terocin patch is noted in progress report dated 07/15/15. Prior reports discuss the use of Lidoderm patch, which has similar ingredients. The patient has been using the Lidoderm patch at least since 01/14/15. Medications help reduce pain from 5/10 to 2/10, as per progress report dated 07/15/15. The treater, however, does not discuss the impact of Lidoderm patch on function. Additionally, there is no specific indication of peripheral, localized neuropathic pain for which Terocin or Lidoderm patches are indicated. Hence, the request IS NOT medically necessary.