

<b>Case Number:</b>	CM15-0192827		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	01/22/2003
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 70 year old male, who sustained an industrial injury on 1-22-2003. The medical records indicate that the injured worker is undergoing treatment for thoracic or lumbosacral neuritis or radiculitis and lumbar or lumbosacral disc degeneration. According to the progress report dated 5-14-2015, the injured worker presented with complaints of aching, dull low back pain with radiation into the bilateral buttocks and right leg. On a subjective pain scale, he rates his pain 6 out of 10. The physical examination of the lumbar spine reveals tenderness to palpation over the right paravertebral muscles, restricted range of motion, and positive lumbar facet loading and straight leg raising on the right. The current medications are Diazepam, Senna, Norco, and Fenoprofen. Previous diagnostic studies include MRI of the lumbar spine. Treatments to date include medication management, physical therapy, home exercise program, lumbar brace, TENS unit, and psychological evaluation. Work status is described as modified duty. The original utilization review (9-10-2015) had non-certified a retrospective request for Terocin patch (DOS: 5-14-2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Terocin patch 4-4% #20 (Dispensed 5/14/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**Decision rationale:** The patient presents with low back pain radiating to the bilateral buttocks. The request is for retro Terocin patch 4-4% #20 (dispensed 4/14/15). Physical examination to the lumbar spine on 07/16/15 revealed tenderness to palpation to the paraspinal muscles on the right with spasm. lumbar facet loading was positive on the right. Range of motion was noted to be limited. Per 05/14/15 Request for Authorization, patient's diagnosis include thoracic or lumbosacral neuritis or radiculitis not otherwise specified, and chronic pain syndrome. Patient's medications, per 08/13/15 Request for Authorization form include Diazepam, Senna, Norco, Cyclobenzaprine, and Terocin Patch. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 112 under Lidocaine Indication: 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." ODG Pain chapter, under Lidoderm (Lidocaine patch) specifies that Lidoderm patches are indicated as a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. The treater has discussed this request. Review of the medical records provided indicates that the patient has been utilizing Terocin Patches since at least 04/14/15. However, treater does not discuss how it is used, how often and with what efficacy in terms of pain reduction and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request is not in accordance with guideline indications and therefore, is not medically necessary.