

<b>Case Number:</b>	CM15-0201098		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	06/08/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 48 year old male sustained an industrial injury on 6-8-13. Documentation indicated that the injured worker was receiving treatment for lumbar post laminectomy syndrome with persistent radiculopathy and chronic postoperative pain and depression. Previous treatment included lumbar fusion, lumbar laminectomy, physical therapy, epidural steroid injections, injections and medications. Magnetic resonance imaging lumbar spine (7-15-15) showed evidence of prior fusion at L4-5 and L5-S1, disc bulge at L3-4 with borderline central canal stenosis and small disc bulge at L5-S1. In a PR-2 dated 6-8-15, the injured worker complained of ongoing low back pain with radiation to bilateral hips and lower extremities associated with lower extremity weakness as well as ongoing abdominal pain. The injured worker rated his pain 9 out of 10 on the visual analog scale. The injured worker reported that he recently presented to Emergency Department (5-20-15) due to increased lumbar pain and lower extremity weakness. Current medications included Percocet, Ambien, Duocet, Gabapentin, Cyclobenzaprine and psychiatric medications. Physical exam was remarkable for palpable lumbar paraspinal muscle spasms and trigger points, decreased bilateral lower extremity strength and sensation and severe pain on range of motion. The injured worker walked with a slow, wide-based gait using a walker. The injured worker wore a lumbar brace. The treatment plan included continuing current medications and requesting authorization for lumbar epidural steroid injections at left L4-5 and L5-S1. In the most recent SOAP note submitted for review, dated 7-24-15, the injured worker complained of on pain to the low back with radiation to bilateral hips and lower extremities as well as ongoing abdominal

pain, rated 9 out of 10 on the visual analog scale. Physical exam was unchanged. The treatment plan included continuing current medications (Percocet, Ambien, Duocet, Gabapentin, Cyclobenzaprine), continuing use of walker and lumbar brace and awaiting approval for lumbar epidural steroid injections. On 9-9-15, a prescription was written for Terocin patches. On 9-30-15, Utilization Review noncertified a request for Terocin patches.

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

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

**Terocin patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Lidoderm patches.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** Terocin is topical pain reliever that contains lidocaine and menthol. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." Medical documents do not document the patient as having post-herpetic neuralgia. Additionally, Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The treating physician did not document a trial of first line agents and the objective outcomes of these treatments. MTUS states regarding topical analgesic creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, topical lidocaine is not indicated. As such the request for terocin patches is deemed not medically necessary.