

<b>Case Number:</b>	CM15-0208420		
<b>Date Assigned:</b>	11/20/2015	<b>Date of Injury:</b>	01/25/2015
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 39 year old male, who sustained an industrial injury on 1-25-15. The injured worker was being treated for pain in right knee, disorder of ligament of right ankle and long term use of opiate analgesic. On 10-16-15, the injured worker complains of unchanged pain with numbness, tingling and swelling. Work status is noted to be temporarily totally disabled. Physical exam performed on 10-16-15 revealed spasm, tenderness, tight muscle band and trigger point of paravertebral muscles, tenderness on palpation of medial joint line, patella and patellar tendon of right knee and swelling and tenderness of the Achilles tendon and tenderness of the medial malleolus of right ankle. Treatment to date has included oral medications including Lyrica 50mg and Motrin, topical Terocin patch; physical therapy, home exercise program and activity modifications. The treatment plan included request for MRI of lumbar spine and x-ray of 3rd digit. On 10-19-15 request for MRI of lumbar spine and x-ray of 3rd digit was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Single positional MRI (magnetic resonance imaging), lumbar spine without contrast:**  
 Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per the ACOEM, MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, there are no red flags on physical exam and in absence of physical exam evidence of red flags, a MRI of the lumbar spine is not medically indicated. The medical necessity of a lumbar MRI is not substantiated in the records.

**Terocin patch 4% Qty 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Terocin includes topical lidocaine and menthol. Per the guidelines, 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The medical records do not support medical necessity for the prescription of terocin patch in this injured worker.

**X-ray of 3rd digit, 2 views:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care.

**Decision rationale:** The request in this injured worker with chronic pain is for an X-ray of 3rd digit, 2 views. The records do not document any red flags or indications for immediate referral or imaging. There was no physical exam evidence of fracture, dislocation, infection, tumor, vascular or rapidly progressing neurologic compromise. The medical necessity of an X-ray of 3rd digit, 2 views is not substantiated in the records.