

<b>Case Number:</b>	CM15-0056350		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	09/28/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 31-year-old male, who sustained an industrial injury on 9/28/2013, while picking grapes. The injured worker was diagnosed as having low back pain, lumbar radiculopathy, and lumbar degenerative disc disease. Treatment to date has included magnetic resonance imaging of the lumbar spine, chiropractic, physical therapy and medications. Currently, the injured worker complains of lumbar pain, rated 0-2/10. The response to a transforaminal epidural steroid injection at left L5-S1 was documented with pain improvement for the last 7-8 months. He recently started a new job, which required a lot of standing, bending, twisting. He reported taking Ibuprofen twice daily with benefit. Current medications were noted as Ibuprofen and Lidocaine patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patch 4%, apply to affected area, #10 (prescribed 3/11/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Lidoderm - Lidocaine Patch.

**Decision rationale:** The patient presents on 02/18/15 with lower back pain rated 2-3/10, which has been improving with medications and physical therapy. The patient's date of injury is 09/28/13. Patient is status post left sided lumbar ESI at L5-S1 on 03/25/14. The request is for Terocin Patch 4% Apply To Affected Area #10 -Prescribed 03/11/15. The RFA is dated 03/11/15. Physical examination dated 02/18/15 reveals tenderness to palpation of the lumbar spine, and spasms of the lumbar paraspinal muscles. Remaining findings are otherwise unremarkable. The patient is currently prescribed Ibuprofen, Ranitidine, and Terocin patches. Diagnostic imaging was not included. Patient is currently working with restrictions. MTUS Chronic Pain Medical Treatment guidelines, 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." In regard to Terocin patches, which contain Lidocaine and Menthol the patient does not present with peripheral and localized neuropathic pain. The patient has low back pain, which does not radiate into the lower extremities. This is not a localized neuropathic pain amenable to topical Lidocaine patches, which are not indicated for low back pain or axial chronic pain. Furthermore, there is no discussion of pain reduction or functional improvement attributed to Terocin patches in the notes provided. Therefore, request is not medically necessary.