

<b>Case Number:</b>	CM14-0127209		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/22/2006
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 53-year-old gentleman who was injured in work-related accident on 3/22/06. The medical records provide for review noted chronic complaints of pain in the low back and subsequent lumbar surgery after the injury. A 6/24/2014 progress report described continued complaints of low back pain with numbness and tingling of the bilateral lower extremities that medications only provide temporary relief. Physical examination showed tenderness of the lumbar paraspinal muscles, diminished range of motion and positive straight leg raising. There was diminished sensation and motor strength diffusely about the legs. The recommendation was made to continue medications including topical Terocin patches amongst other oral agents. The medical records did not contain any reports of imaging studies, documentation of other forms of conservative treatment, or other physical examination findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patches (Lidocaine 4%, menthol 4%): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Based on the California MTUS Chronic Pain Guidelines, the request for topical compound Terocin would not be indicated. This agent contains amongst other agents lidocaine. According to the Chronic Pain Guidelines, the topical use of lidocaine is only indicated for neuropathic pain that has failed first-line treatment including antidepressants, gabapentin or Lyrica. The medical records do not provide an history of first-line treatment for neuropathic pain for this claimant. The Chronic Pain Guidelines recommend that If any one agent in the topical compound is not supported, then the agent as a whole is not supported by the guidelines. Therefore, the request for Terocin is not recommended as medically necessary.