

<b>Case Number:</b>	CM14-0211848		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	01/25/2010
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

11/6/14 note reports pain ongoing that effects ability to do exercise. MRI of spine is reported to show DJD at L4-5, L5-S1, and L3-4 with spondylolisthesis at L5-S1. Examination is reported to show tenderness along the cervical, thoracic, and lumbar paraspinals muscles bilaterally. Gait is antalgic and wide-based. There is pain along the left elbow and medial greater than lateral epicondyle. There is tenderness at the wrist. Assessment was wrist inflammation and discogenic back pain. Treatment with TENS and back brace was recommended. Medications of norco, naproxen, protonix were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patches qty: 30.00:** Upheld

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

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

**Decision rationale:** The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. There is no indication in the records of poor tolerance to oral medications nor do the records indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS.