

<b>Case Number:</b>	CM15-0018243		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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 Jersey  
 Certification(s)/Specialty: Family Practice

### 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 53 year old female, who sustained an industrial injury on July 19, 2013. She has reported injury when she tripped and hurt her left leg. The diagnoses have included lumbar spine strain, left sacroiliitis, lumbar degenerative disc disease, lumbar radiculitis and left hamstring tendonitis. Treatment to date has included diagnostic studies, medications, injection to the sacroiliac joint and physical therapy. Currently, the injured worker complains of low back, left buttock and left leg pain. She described a cramping sensation. She reported her physical therapy sessions and injection to be beneficial. On October 23, 2014, notes stated that she was using Terocin patches, with benefit, for her lower back. She was not considered to be a surgical candidate. On January 26, 2015, Utilization Review non-certified Terocin patches 4 boxes and physical therapy 3x6, noting the CA MTUS and Official Disability Guidelines. On January 30, 2015, the injured worker submitted an application for Independent Medical Review for review of Terocin patches 4 boxes and physical therapy 3x6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patches 4 boxes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,112.

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

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was insufficient evidence that she had neuropathic pain, but rather musculoligamentous pain, which suggests that any lidocaine product such as the Terocin, would be inappropriate. If this is incorrect and the worker does in fact have neuropathic pain, then there was insufficient evidence to suggest she had tried first line therapies for this as well. Therefore, the Terocin patch is medically unnecessary and other therapies are recommended for her chronic pain.

**18 sessions of Physical Therapy (3x6 weeks):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section Page(s): 98-99.

**Decision rationale:** Physical therapy in the form of passive therapy for the lower back and hip is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back or hip pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, has already completed the limit of physical therapy sessions and is over one year past her injury, suggesting that she should have been comfortable and able to perform home exercises for her back. There was no evidence to suggest that she was requiring supervision and extra help with these exercises. Also, there was no mention in recent notes that she was performing regular home exercises to treat her lower back. Therefore, the focus should be on refining or beginning her exercises at home, and the additional supervised physical therapy is not medically necessary.