

<b>Case Number:</b>	CM13-0037746		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	07/26/2012
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Physical Medicine and Rehabilitation, 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:

This patient sustained an injury on 7/26/12 while employed by the Sheriff's Department. A report dated 9/5/13 noted the patient with low back pain radiating to the right lower extremity associated with numbness and tingling. The cervical spine and bilateral shoulder complaints remained unchanged. Exam of the cervical spine noted tenderness of the musculature, pain with terminal range of motion, dysesthesias at C5 and C6 dermatomes, and weakness in the upper extremities. The shoulder exam was unchanged with pain between the blades and scapula, the exam of lumbar spine showed tenderness to palpation and pain with range of motion, and there was positive Hawkins on the right without instability. Diagnoses included lumbago and shoulder Final Determination Letter for IMR Case Number [REDACTED] pain. The treatment plan included physical therapy and medications, listed as Naproxen, Cyclobenzaprine, Omeprazole, Tramadol extended release, and Terocin patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN PATCH QTY: 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Per the manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrata, and other inactive ingredients. Per MTUS guidelines, medications should be trialed one at a time; multiple medications should not be started simultaneously. In addition, Boswellia serrata and topical Lidocaine are specifically not recommended per the MTUS. Per the FDA, topical lidocaine is not indicated as it causes an unacceptable risk of seizures, irregular heartbeats and death. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additional, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury. There was no documented contraindication to oral medications. The request is not medically necessary and appropriate.