

<b>Case Number:</b>	CM13-0042752		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/06/2011
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine 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 physician 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:

██████████ is 48 year old man who sustained a work related injury on December 6 2011. Subsequently, he developed chronic back pain with muscle tightness and spasm. He was diagnosed with cervicogenic pain, depression, insomnia and sexual dysfunction. His lumbar MRI of 2012 showed disc protrusion at L4-5. His Electromyography (EMG) /Nerve Conduction Velocity (NCV) of upper extremity performed on 2012 showed bilateral active denervation of the biceps. His MRI of the cervical spine performed on 2012, showed multi level disc degeneration. According to the note of July 18 2013, the patient continued to have chronic neck and back pain as well as shoulder pain. The patient physical examination demonstrated tenderness in the cervical and lumbar area with reduced range of motion. The patient was treated with pain medications and epidural injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patch, 20 patches:** Upheld

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

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

**Decision rationale:** Terocin patch contains METHYL SALICYLATE 25g in 100mL, CAPSAICIN 0.025g in 100mL, MENTHOL 10g in 100mL, LIDOCAINE HYDROCHLORIDE 2.5g in 100mL. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin patch contains capsaicin a topical analgesic not recommended by MTUS. In addition, there is no clear documentation of failure of first line oral medications in this case. Based on the above Terocin patch, 20 patches is not medically necessary.