

<b>Case Number:</b>	CM13-0048521		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/13/2013
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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:

The patient is a 52-year-old man who sustained a work related injury on July 13 2013. Subsequently, he developed chronic back pain. According to a note dated on September 20 2013, the patient was complaining of chronic left elbow pain and low back pain, radiating to left leg and foot. The physical examination demonstrated lumbar tenderness, with reduced range of motion. The patient was diagnosed with lumbar radiculopathy and left elbow enthesopathy. The patient was treated with Elavil and Neurontin. The provider requested authorization to use Terocin patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN PATCH #30:** Upheld

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

**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, and lidocaine hydrochloride 2.5g in 100mL. The Chronic Pain Medical Treatment Guidelines indicate that 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. The guidelines also indicate that any compounded product that contains at least one (1) drug or drug class that is not recommended is not recommended. Terocin patch contains capsaicin a topical analgesic not recommended by the guidelines. In addition, there is no clear documentation of safety and efficacy of the use of Terocin. Based on the above, Terocin patch is not medically necessary.