

<b>Case Number:</b>	CM13-0062091		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/06/2011
<b>Decision Date:</b>	05/13/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Pain Management and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 33-year-old male who reported an injury on 02/06/2011. The mechanism of injury was not provided. The diagnosis was other and unspecified disc disorder of the lumbar region. The documentation of 10/22/2013 revealed the injured worker had tenderness from the mid to distal lumbar segments. The injured worker had muscle spasms. The request was for Terocin patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 TEROGIN 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 SECTIONS ON TOPICAL SALICYLATE, TOPICAL ANALGESICS, AND LIDOCAINE  
Page(s): 105, 111, 112. Decision based on Non-MTUS Citation  
[HTTP://DAILYMED.NLM.NIH.GOV/DAILYMED/LOOKUP.CFM?SETID=100CEB76-8EBE-437B-A8DE-37CC76ECE9BB](http://DAILYMED.NLM.NIH.GOV/DAILYMED/LOOKUP.CFM?SETID=100CEB76-8EBE-437B-A8DE-37CC76ECE9BB)

**Decision rationale:** California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are

primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, ie Lidocaine/Lidoderm. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS Guidelines recommend treatment with topical salicylates. Per [dailymed.nlm.nih.gov](http://dailymed.nlm.nih.gov), Terocin patches are topical Lidocaine and Menthol. The clinical documentation submitted for review failed to indicate documentation of exceptional factors to warrant non-adherence to guideline recommendations. The duration for the use of this medication could not be established with provided documentation. There was lack of documentation indicating the injured worker had neuropathic pain and had trialed and failed antidepressants and anticonvulsants. The request as submitted failed to indicate the strength and the frequency for the requested medication. Given the above, the request for 10 Terocin patches is not medically necessary.