

<b>Case Number:</b>	CM13-0064415		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/17/2009
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 63-year-old male who reported injury on 03/17/2009. The mechanism of injury was cumulative trauma. Documentation of 12/09/2013 revealed subjective complaints of wrist pain, numbness, tingling and weakness. The injured worker's medications include Protonix and tramadol. The injured worker was noted to be utilizing a brace, hot and cold wrap and a TENS unit. The injured worker's diagnoses included impingement syndrome, bicipital tendinitis and epicondylitis laterally, more on the right than on the left. The request was made for Protonix, naproxen, Terocin patches and LidoPro lotion as well as tramadol on a DWC Form RFA 12/10/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN PATCHES #20:** 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 Salicylate; Topical Analgesic; Lidocaine Page(s): 105; 111; 112.

**Decision rationale:** California MTUS indicates 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. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain, beside brand Lidoderm. 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 the injured worker had trialed and failed antidepressants and anticonvulsants. The duration for the use of the medication could not be established. The request as submitted failed to indicate the strength and the frequency for the requested medication. Given the above, the request for Terocin patches #20 is not medically necessary.