

<b>Case Number:</b>	CM13-0065329		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/22/1997
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 American Board of Orthopedic Surgery and is licensed to practice in Mississippi. 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 49-year-old female who was injured on May 22, 1997. Mechanism of injury is not specified. The review in question was rendered on September 13, 2013. October 21, 2011 is documented as showing evidence of tablet cocaine, marijuana, hydrocodone, and 3 different benzodiazepine metabolites. This report indicates hydrocodone and the benzodiazepines are not currently prescribed medications. On August 20, 2013, the clinician indicates that Norco, Neurontin, and docuprene were refilled. The urine drug screen that was obtained on July 2, 2013 demonstrates positive for cocaine, but no evidence that hydrocodone is being utilized. The August 20, 2013 no indicates there been multiple inconsistencies with the previous urine toxicology screens. Current medications are documented as, Norflex, Anaprox, Prilosec, gabapentin, Norco, Cymbalta, promolaxin. The reviewer noncertified the request for Terocin patches. Terocin patches contain Lidocaine, Capsaicin, Methyl Salicylate, and Menthol. The reviewer indicates that the injured worker is currently taking "several medications considered first-line agents with an overall reduction in pain of 60-70%."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF TEROGIN PATCHES #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): 111-113.

**Decision rationale:** Based on the clinical documentation provided, the injured worker has been utilizing multiple first-line medications and does have diagnoses that could be considered consistent with neuropathic pain. However, given the multiple abnormalities on the urine drug screens as well as significant relief being obtained from the current medication regimen it is unclear why Terocin patches are medically necessary. As such, the request is considered not medically necessary and recommended for not medically necessary.