

<b>Case Number:</b>	CM13-0068944		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 and is licensed to practice in Texas. 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 55 year old female who reported an injury on 07/08/2010. The injured worker was seen on 10/15/2013 for a re-evaluation with complaints of persistent pain of the neck that radiates to the upper extremities with numbness and tingling. She had low back pain that was reportedly aggravated with usual activities. The physical exam findings included tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. She had a positive Spurlings, and painful and restricted cervical range of motion. There is dysesthesia at the C5 and C6 dermatomes. The examination of the lumbar spine showed tenderness at the lumbar paravertebral muscles, pain with terminal motion. Seated nerve root test was positive. Her diagnoses are cervical discopathy with chronic cervicgia and MRI evidence of two anterior disc protrusions at C4-C5 and C5-C6. Lumbar discopathy with MRI evidence of two posterior protrusions at L4-L5 and L5-S1. The treatment plan consists of continued chiropractic care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN PATCH #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that this combination medication is largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended. Terocin contains 4% Lidocaine and 4% Menthol. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS Chronic Pain Guidelines also state that Lidocaine is only supported in Lidoderm patches. Therefore, the request is not medically necessary and appropriate.