

<b>Case Number:</b>	CM14-0004000		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Emergency 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 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 patient is a female with date of injury reported on 3/19/2013. Mechanism of injury is described as from repetitive work. The patient has a claimed diagnosis of right carpal tunnel syndrome, right index finger sprain and right thumb carpometacarpal arthrosis. Multiple medical records from primary treating physician and consults reviewed. The patient complains of pain to the right upper extremity. Pain is localized to the right hand and index finger with swelling to area. Objective exam reveals tenderness to the right arm on dorsum and distal wrist. There is also noted tenderness of the right thumb and right index finger. An x-ray of the right index finger (9/4/13) was normal and MRI of right hand (9/4/13) shows mild osteoarthritic changes of thumb but was otherwise normal. EMG of the right hand (9/10/13) was negative for radiculopathy or carpal tunnel. The patient appears to be getting Toradol and vitamin B12 complex injections at the primary treating physician's office for unknown reasons. No other prior treatment modality was provided. A medication list was not provided. The utilization review is for Terocin patches #10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN PATCHES # 10 (THRU [REDACTED]):** 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 Analgesics Page(s): 111-113.

**Decision rationale:** The requested product is a compounded cream composed of multiple medications. As per California MTUS guidelines, "Any compounded product that contains one drug or drug class that is not recommended is not recommended." Terocin contains Capsaicin, Lidocaine, Methyl Salicylate and Menthol. Per California MTUS, "Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of Capsaicin. It is not recommended." "Lidocaine: Topical Lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of at an attempt of trial with a 1st line agent and is therefore not recommended." "Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There may be some utility for patient's pain." Since multiple drugs are not recommended, the combination medication is not recommended.