

<b>Case Number:</b>	CM14-0005783		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	08/05/2007
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Physical Medicine and Rehabilitation, 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 45-year-old who was injured on August 5, 2007 due to a cumulative trauma. Diagnostic studies reviewed include An MRI of the cervical spine done in September of 2013 showing degenerative disc disease with retrolisthesis C5-C6 and C6-C7 without evidence for canal stenosis or neural foraminal narrowing at any level. PR-2 dated November 14, 2013 documented the patient with complaints of pain located in her neck. The pain is more severe on the left side of her neck and it radiates into her left shoulder. She denies any numbness. She is using Terocin patches and Ketoprofen. She rates her pain as 3-4/10. She also takes Zoloft. Objective findings on exam reveal she is in no acute distress. There is tenderness to palpation over the cervical spine. There is positive facet joint loading on the left. Sensation is intact in left upper extremity. Treatment Plan: Continue with medical management including Terocin patches as well as Ketoprofen. We will request authorization for left cervical MBB at C5, C6 and C7. UR report dated December 31, 2013 denied the request for Terocin Patches #10 because topical medications have not been adequately proven with regards to overall efficacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TEROCIN PATCHES #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Terocin patches (topical Lidocaine compounded with Menthol) for neuropathic pain is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED (anti-epileptic drug) such as gabapentin or Lyrica). Lidoderm is the only commercially approved topical formulation of Lidocaine for neuropathic pain. The medical records do not document a failed trial of any one of the first-line therapy mentioned above. On the other hand, there is no recommendation for the use of Menthol compounded to Lidocaine for chronic neuropathic pain. The guidelines state; "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". The request for Terocin patches, ten count, is not medically necessary or appropriate.