

<b>Case Number:</b>	CM14-0103798		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/13/1982
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 & 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 56-year-old male who reported an injury on 12/13/1982. The mechanism of injury was not provided for clinical review. The diagnoses included status post testicular cancer and neuropathic pain. Past treatments included medication. Within the clinical note dated 05/14/2014, it was reported the injured worker complained of neuropathic pain on the left and insomnia. Upon the physical examination, the provider noted neuropathy of the left rib. Provider requested for Terocin patch for pain. The Request for Authorization was submitted and dated on 06/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Terocin patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compound.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

**Decision rationale:** The injured worker complained of neuropathic pain on the left and insomnia. California MTUS guidelines note topical non-steroidal anti-inflammatory drugs

(NSAIDs) are recommended for osteoarthritis and tendonitis, in particular that of the knee and/or elbow, and other joints that are abnormal. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Terocin patch contains lidocaine and menthol. Topical lidocaine is recommended for the use of neuropathic pain and localized peripheral pain after there has been evidence of a trial of first line therapy. Topical lidocaine in the formulation of a dermal patch, Lidoderm, has been designated for orphan status by the FDA for neuropathic pain. There is lack of documentation indicating the injured worker failed on first line therapy and documentation indicating the efficacy of the medication as evidence by significant functional improvement. The injured worker has been utilizing the medication since at least 2013, which exceeds the guidelines recommendation of short use of 4 to 12 weeks. The request submitted failed to provide a treatment site. The request submitted failed to provide the frequency, dosage, and quantity of the medication. Therefore, the request is not medically necessary.