

<b>Case Number:</b>	CM14-0106694		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/01/1995
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Orthopedic Surgery 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 70 year old female injured on 07/01/95 when lifting a box of paints and felt an onset of low back pain with gradual worsening. Diagnoses include chronic neck pain and carpal tunnel syndrome. Clinical note dated 05/01/14 indicated the injured worker started postoperative physical therapy following right wrist/elbow surgery on 03/21/14 while wearing right upper extremity cloth sleeve. The injured worker tentatively scheduled for left upper extremity surgical intervention the following summer. The injured worker OxyContin dose decreased to 1-2 tablets per day. The injured worker reported Trazodone 50mg helps with sleep. The injured worker complained of neck pain and headaches persistent with numbness/tingling pain and weakness with bilateral hands. The use of H-wave stimulator decreased pain in addition to medication management. Medications included Nucynta, OxyContin, Tegretol, Valium, Protonix, Paxil, Clotrimazole, Qualaquin, Lidoderm, Trazodone, Flector, Duexis, Buspar, and Neurontin. Physical examination revealed trigger points in muscle spasm palpated in the right upper/middle trapezius muscles and right hand fourth finger palmar base tender nodule noted. Trigger point injections performed to bilateral upper trapezius. The initial request for Terocin patch quantity 1 was initially denied on 06/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patch, qty 1:** 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.

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. This compound is noted to contain capsaicin, lidocaine, menthol, and methyl salicylate. There is no indication in the documentation that the injured patient cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for Terocin patch, #1 is not medically necessary.