

<b>Case Number:</b>	CM14-0010894		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Internal 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 injured worker is a 30 year old female who sustained an injury on 07/03/13 when she was involved in a motor vehicle accident and sustained an injury to the left shoulder. The injured worker has been followed for complaints of tenderness in the anterior rotator cuff. The injured worker had been provided multiple medications for left shoulder pain to include Norco, Naprosyn, Protonix, and Terocin patches. The injured worker had been seen for physical therapy for approximately fifteen sessions. The injured worker was seen by [REDACTED] on 12/09/13 with continuing complaints of pain in the left shoulder as well as the cervical spine. Physical examination did note loss of range of motion in the cervical spine. Mild weakness was present in the left shoulder with some loss of range of motion. No sensory deficit, motor weakness, or reflex changes were noted. The injured worker was recommended to continue with Norco, Naprosyn, Protonix, and Terocin patches at this evaluation. Follow up on 01/27/14 with [REDACTED] indicated the injured worker had temporary relief with physical therapy only. Physical examination findings continued to identify loss of range of motion in the left shoulder as well as the cervical spine. Continued mild weakness was noted in the rotator cuff. The recommendation was for further chiropractic therapy. The requested Terocin patches, quantity 10 was denied by utilization review on 12/24/13.

### 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 MANAGEMENT GUIDELINES, ,

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

**Decision rationale:** In regards to the use of Terocin patches, quantity 10, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation submitted as well as current evidence based guidelines. Terocin contains Menthol and Lidocaine for temporary relief of minor musculoskeletal complaints. According to California Medical Treatment Utilization Schedule (CA MTUS) guidelines, Lidocaine topically can be considered as an alternative treatment for neuropathic symptoms that have failed standard oral medications such as anticonvulsants or antidepressants. There is no indication from the clinical documentation that any recent anticonvulsant or antidepressant medications have been utilized. The injured worker did not present with any clear objective evidence regarding neuropathic symptoms that would have supported the use of this topical medication. As the clinical documentation provided for review did not identify any specific indications for the use of a Terocin patch as recommended by guidelines, this reviewer would not have recommended certification for the request.