

<b>Case Number:</b>	CM14-0018752		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	06/26/2010
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 & 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:

This male sustained an injury on 6/26/10 while employed by [REDACTED]. Request under consideration include TEROGIN PATCH #10. Report of 4/11/13 from the PAFinalc/provider noted patient with ongoing neck and low back pain. Exam of the cervical spine noted tenderness at the paravertebral muscles and upper trapezial muscles with spasm; positive axial loading compression and Spurling's maneuver; painful restricted range; dysesthesia at left C5 and C6 dermatomes; bilateral wrists unchanged with neurovascular intact; well-healed CTR scar; lumbar spine with tenderness from mid to distal lumbar segments; positive seated nerve root test; and dysesthesia at L5 and S1 dermatomes. Medications list Omeprazole, Zofran, Tramadol, Diagnoses include Cervical discopathy with radiculitis; lumbar discopathy with radiculitis; electrodiagnostic evidence of bilateral CTS; left wrist ganglion cyst and tenosynovitis; and s/p left wrist arthroscopy with synovectomy, debridement of TFCC and tunnel release. Plan included multiple medications with TTD work status. Provider note of 12/13/13 has request for the topical compound Terocin Patch which was non-certified on 2/7/14 citing guidelines criteria and lack of medical necessity

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN PATCH #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This male sustained an injury on 6/26/10 while employed by [REDACTED]. Request under consideration include TEROGIN PATCH #10. The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswelia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswelia serrata and topical Lidocaine are specifically "not recommended" per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additional, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury of 2010 nor is there any report of acute flare-up, new red-flag conditions, or intolerance to oral medications as the patient continues to be prescribed multiple oral meds. The TEROGIN PATCH #10 is not medically necessary and appropriate.