

<b>Case Number:</b>	CM14-0019469		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/15/2014

### 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:

The injured worker (IW) is a 62-year-old male, truck driver who sustained injuries to his left upper extremities after falling from his truck. Medical records from the treating physician reveal persistent pain and loss of function in the left shoulder, along with pain in the left elbow and wrist. He is not working in any capacity and has work restrictions of lifting no greater than 10 pounds. He is taking Norco 5/325 mg two to three times/day. He is also using Terocin patches, which seems to be decreasing his pain and limiting his need for narcotic medication to a maximum of three per day. His diagnoses are: 1. Healing distal radius fracture 2. Left elbow severe DJD 3. Left shoulder bursitis and impingement 4. Left shoulder AC joint DJD 5. Rotator cuff tear 6. SLAP tear. The utilization review report dated 1/14/14 denied the request for Terocin patches, 2 boxes of ten each for left arm Qty. 2.00 based on 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 patches 2 boxes of ten each for the left arm Qty: 2.00: Upheld**

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

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

**Decision rationale:** The injured worker presents with chronic left shoulder, elbow and wrist pain and loss of function dating back to his work injury on July 3, 2013. The current request is for Terocin patches, 2 boxes of ten each for the left arm Qty: 2.00. Terocin is a compounded medication, which includes Lidocaine, Capsaisin, Salicylates and Menthol. The MTUS guidelines on page 112 on topical lidocaine states, "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 such as gabapentin or Lyrica). A review of the reports provided shows no discussion of failure of prior first line therapy prior to the request of this topical product. Salicylate topical is supported for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Lidocaine is only indicated for use in neuropathic pain. There is no evidence the IW has neuropathic pain. The MTUS guidelines on page 111, under topical analgesics, give a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The request is not medically necessary.