

<b>Case Number:</b>	CM14-0129212		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	01/11/2008
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 50-year-old man who sustained a work-related injury on January 11, 2008. Subsequently, the patient developed chronic back pain. The patient has a past medical history of Parkinson disease, hypertension, anxiety, depression and sleep disorder. According to a progress report dated on June 9, 2014, the patient was complaining of low back pain, neck pain, bilateral shoulder pain, upper and lower extremities pain. The patient was diagnosed with the cervical and lumbar degenerative disc disease. The patient MRI of lumbar spine performed on January 8, 2014 demonstrated L3-L4 facet arthropathy and bilateral, lateral. The MRI of the cervical spine performed on February 12, 2013 demonstrated C4-5 disc protrusion and degenerative disc disease. The patient requested study performed on October 2012 was normal. The patient physical examination demonstrated the cervical lumbar tenderness and bilateral positive compressive tests. The provider request authorization for topical analgesic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Terocin Patch (duration and frequency unknown) for treatment of the Lumbar:** 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.

**Decision rationale:** Terocin patch is formed by the combination of methyl salicylate, capsaicin, and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Terocin patch contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. There is no documentation that the patient developed a neuropathic pain. Based on the above Retrospective request for Terocin Patch (duration and frequency unknown) for treatment of the Lumbar is not medically necessary.