

<b>Case Number:</b>	CM14-0155748		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 and 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 underlying date of injury in this case is 11/01/2013. The date of the utilization review under appeal is 08/22/2014. On 07/11/2014, the treating physician saw the patient in follow-up regarding left shoulder bursitis and cervicgia. The patient presented with pain to the neck, upper back, left shoulder, left arm, and left hand with associated numbness and tingling. There was also diminished sensation in the left C7 and C8 distributions. The treating physician discontinued Hydrocodone and recommended Naproxen, Omeprazole, and Cyclobenzaprine and also recommended a Terocin patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patch (Unspecified quantity):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics states that the use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the

specific therapeutic goal required. The medical records do not discuss the ingredients in Terocin, which include salicylate, menthol, and Lidoderm. It is not clear why the patient requires these agents, as opposed to a single topical agent, or why the patient requires both topical and oral agents overall. There is insufficient information at this time in the medical records to support an indication for this requested treatment. This request is not medically necessary.