

<b>Case Number:</b>	CM14-0159712		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	03/07/2010
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Family 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:

This injured worker is a 65-year old male whom experienced an industrial injury 03/07/10. No mechanism of injury was noted. The primary treating physician's progress report dated 07/22/14 noted the diagnoses and stated the worker was in significant pain, but the report did not indicate what type or specifically what body part was causing him so much pain from a subjective standpoint. Objectively, the report noted he had severe neuropathic pain and myofascial pain that involved his low, mid, and upper back, neck, shoulders, legs, and feet. He had abnormal sensation and loss of sensation in both legs. Deep tendon reflexes were 0. Both ankles, knees, and the left hip were weak. He had atrophy of the quadriceps muscles, pain at the sciatic notches, sacroiliac joints and facet joints. Diagnoses were 1) Lumbar disc disease with radiculopathy and neuropathic pain 2) Cervical and thoracic disc disease 3) Sacroiliac joint and facet joint arthropathy 4) Myofascial syndrome involving the whole spine 5) Suprascapular neuropathy 6) Reactive sleep disturbance. He was taking 12 300 mg tablets of Neurontin per day which was decreased to 800 mg four times per day. His prescription for Oxycodone was renewed and provided him with Monarch cream. Terocin 4% Lidocaine patch was not given due to lack of reimbursement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patch, 1 patch every 12 hours, Quantity: 3 boxes of 10 to a box: 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 Part 2 - Pain Interventions and Treatments Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary; Chronic Pain; Terocin patch (topical analgesics); per ODG website

**Decision rationale:** Current evidence based guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Review of records indicates that this patient has been prescribed Terocin which contains Lidocaine, Capsaicin, Methyl Salicylate and Menthol. Evidence based guidelines state that Lidocaine in a topical formulation is recommended for localized peripheral pain after there is evidence of a trial of first line therapy. Topical Lidocaine in the formulation of a dermal patch is the only topical formulation indicated for neuropathic pain. Capsaicin is only recommended as an option in patients that have not responded or are intolerant of other treatments. Topical salicylates may be useful in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder; and they are not recommended for neuropathic pain as there is no evidence to support use. The California Medical Treatment Utilization Schedule, Official Disability Guidelines, and National Guidelines Clearinghouse provide no evidence-based recommendations regarding the topical application of menthol. For this patient, as guidelines state, if any compounded product contains at least one drug or drug class that is not recommended it is not recommended. This product contains 3 drugs that are not recommended and patient has axial pain for which topical NSAIDs are not recommended. Therefore, based on review of the available documentation and the cited guidelines, the request is not medically necessary and appropriate.