

<b>Case Number:</b>	CM14-0175654		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	12/12/2000
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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:

Patient is a 71-year-old male who has submitted a claim for post laminectomy of the lumbar spine, lumbar radiculopathy, lumbar herniated nucleus pulposus with myelopathy, impingement syndrome, and non-traumatic rotator cuff tear associated with an industrial injury date of 12/12/2000. Medical records from 2014 were reviewed. The patient complained of low back pain with progressive weakness to lower extremities. Patient likewise experienced left shoulder pain described as stabbing, throbbing, and sharp. Aggravating factors included reaching overhead, standing, and walking. There was no physical examination available for review. Treatment to date has included right shoulder arthroscopic acromioplasty in 2007, lumbar decompressed laminectomy, physical therapy, and medications such as Toradol injection, tramadol, Motrin, and Terocin patch (since July 2014). The current request for Terocin patch is to promote functional restoration while decreasing amount of oral medication intake. Utilization review from 9/26/2014 denied the request for Terocin patch, daily for 30 days, quantity 30 with one refill because of no evidence of failure of first line therapy such as Tricyclics, antidepressants, or antiepileptic drugs to warrant its use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patch #30 x 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylate

**Decision rationale:** The Terocin patch contains both lidocaine and menthol. Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be 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). Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, records reviewed showed that the patient has been on Terocin patch since July 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Moreover, there is no evidence that patient was initially prescribed first-line therapy to warrant use of Terocin patch. Guideline criteria are not met. Therefore, the request for Terocin Patch #30 x 1 refill is not medically necessary.