

<b>Case Number:</b>	CM14-0180008		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	12/19/2007
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 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 76-year-old old woman who sustained a work-related injury on December 19, 2007. Subsequently, the patient developed chronic left shoulder pain. On December 21, 2007, the patient underwent a left shoulder arthroplasty. The patient developed adhesive capsulitis and a chronic neuropathic pain syndrome after the surgery. The patient's treatments have included: physical therapy, TENS unit, chiropractic treatment, and home exercise program, without significant improvement.. According to a medical report dated September 24, 2014, the patient remained in moderate to severe left shoulder pain. She rated her pain as a 9/10. Pain was described as constant, sharp, dull, aching apin, with numbness and tingling into the left upper extremity. Examination of the left shoulder revealed restricted movements with flexion limited to 90 degrees limited by pain and abduction limited to 90 degrees limited by pain. Motor examination revealed strenght of biceps as 5/5 on right and 3/5 on left, triceps was 4/5 on right and 3/5 on left. On sensory examination, light touch sensation was decreased over medial forearm, lateral forearm on the left side. The provider requested authorization for (Terocin) Lidocaine 0.04mg/mg/Menthol 0.04mg/mg Transdermal Patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro (Terocin) Lidocaine 0.04mg/mg/Menthol 0.04mg/mg Transdermal Patch (DOS: 8/12/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 California Medical Treatment Utilization Schedule (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 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. Based on the above (Terocin) Lidocaine 0.04mg/mg/Menthol 0.04mg/mg Transdermal Patch (DOS: 8/12/14) is not medically necessary.