

<b>Case Number:</b>	CM14-0021604		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	10/23/2006
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Utah. 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 57 year-old male. The patient's date of injury is 10/23/2006. The mechanism of injury is unclear, according to the clinical documents. The patient has been diagnosed with pain in the lower back, cervical spine, elbow pain, shoulder pain and chronic headaches. The physical exam findings show painful range of motion movements in the spine and in the shoulders. Straight leg is noted as negative. There is a positive Tinel's sign of the elbow. Both shoulders are noted with impingement syndrome, as well as tenderness over the Acromioclavicular joint. There is tenderness noted on the medial and lateral epicondyles. The patient's medications include, but are not limited to, Norco, Compounded Topical Medications, Anaprox, Flexeril and Neurontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR TEROGIN PATCH (DURATION UNKNOWN AND FREQUENCY UNKNOWN) DOS: 10/09/13:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. This medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not specifically address Terocin as a topical analgesic. Therefore, according to the guidelines cited, it cannot be recommended at this time. The request for Terocin patch is not medically necessary.

**RETROSPECTIVE NEW TEROGIN LOTION (DURATION AND FREQUENCY UNKNOWN DOS: 10/09/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 121-122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. This medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not specifically address Terocin lotion as a topical analgesic. Therefore, according to the guidelines cited, it cannot be recommended at this time. The request for Terocin Lotion is not medically necessary.