

<b>Case Number:</b>	CM14-0029974		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/05/2008
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Neurological Surgery 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 injured worker is a 51-year-old male injured on June 5, 2008. The mechanism of injury was trying to catch a heavy box. The most recent progress note, dated November 7, 2013, indicates that there were ongoing complaints of cervical spine pain radiating to the right arm and lumbar spine pain radiating to the right leg with numbness and tingling in the right foot. No physical examination was performed on this date. There were diagnoses of chronic cervical myofascial strain, right shoulder impingement, right carpal tunnel syndrome, lumbar sprain and morbid obesity. Diagnostic imaging studies objectified right shoulder rotator cuff tendinitis. Previous treatment included physical therapy, steroid injections to the right shoulder and activity modification. A request had been made for Terocin patches, Terocin lotion, Fluriprofen/Lidocaine/Amitriptyline and Gabapentin/Cyclobenzaprine/Tramadol and was not medically necessary in the pre-authorization process on February 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for medications Terocin patches, Terocin ointment, Fluriprofen/Lidocaine/Amitriptyline, Gabapentin/Cyclobenzaprine/Tramadol(duration unknown and frequency unknown): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics and Nonsteroidal Anti-Inflammatory Drugs (NAIDs).

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

**Decision rationale:** Terocin lotion and patches are a combination of methyl salicylate, capsaicin, menthol and lidocaine. According to the Chronic Pain Medical Treatment Guidelines, only topical analgesics including NSAIDs, capsaicin and lidocaine are recommended for use. There is no peer reviewed evidence based medical literature to suggest that additional ingredients such as methyl salicylate, gabapentin, Amitriptyline, Cyclobenzaprine, Tramadol and menthol have any benefit. This request for Terocin lotion and patches, Flurbiprofen/lidocaine/Amitriptyline and Gabapentin/Cyclobenzaprine/Tramadol is not medically necessary.