

<b>Case Number:</b>	CM14-0032369		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/29/2011
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Physical Medicine & Rehabilitation 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 45 year old male who reported an injury on 09/29/2011 of unknown mechanism. The injured worker had cervical neck pain with radiating pain into both shoulders and down left arm to wrist accompanied by numbness and tingling. In addition, he had radiating pain from the neck into the back of the head and upper back. Physical examination on 05/19/2014 revealed tenderness with paravertebral spasm and guarding along the left paracervical muscles from C4 down to trapezius. There were mildly positive, Neer and Hawkin's impingement signs on the left shoulder. Jamar dynamometer readings (grip strength) are, right 42kg, 38kg, 32 kg, and the left 28kg, 31kg, 26kg. The diagnostic studies submitted were MRI of the cervical spine. The injured worker had x-rays that were not submitted but stated cervical spine, AP (Anteroposterior) view normal, open mouth view shows normal odontoid, right side lateral oblique showed the second neural foramen is narrowed. The lateral view showed straightening of cervical lordosis. The left shoulder view showed the scapular Y type I acromion. Medications were bysolic, Benicar, trazodone, pantoprazole, diazepam, Tylenol. The treatment plan was for 30 Terocin Patches. The rationale and request for authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Terocin Patch:** 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, 112, 113.

**Decision rationale:** The request for 30 Terocin patches is non-certified. The injured worker is complaining of cervical neck pain. He has recently received a second epidural steroid injection on 05/16/2014. He stated that he does stretching exercises at home. Physical therapy was not reported. There was no documentation of trials with anti-depressants or anti-convulsants. California Medical Treatment Utilization Schedule states largely experimental in use and is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin is a compounded medication. Guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Terocin contains capsaicin which is recommended only as an option in patients who have not responded or are intolerant to other treatments. The injured worker does not have physical therapy reports or failed medications reported. Therefore, the request for 30 Terocin Patch is not medically necessary and appropriate.