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| <b>Case Number:</b>   | CM14-0034973 |                              |            |
| <b>Date Assigned:</b> | 06/23/2014   | <b>Date of Injury:</b>       | 06/18/2007 |
| <b>Decision Date:</b> | 07/24/2014   | <b>UR Denial Date:</b>       | 03/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/20/2014 |

### 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 Physical Medicine and Rehabilitation, \ and is licensed to practice in Nevada. 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 58-year-old gentleman was reportedly injured on June 18, 2007. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated December 18, 2013, indicates that there are ongoing complaints of neck and back pain. Current medications Norco, Elavil, and Terocin cream. These medications are stated to help decrease his pain, increased sleep, and increase activities of daily living. No reported side effects were attributed to these medications. Pena stated/10 without medications and 7-9/10 with medications. The physical examination demonstrated diffuse tenderness along the lumbar spine with spasms. There was decreased lumbar spine range of motion and decreased sensation in the L3, L4, L5, and S1 dermatomes of the left lower extremity. Existing medications were refilled and Gabapentin was prescribed. A request had been made for Terocin patches and was not medically necessary in the pre-authorization process on March 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for the compound medication Terocin Patch dispensed on DOS 12/18/13 for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26, MTUS (Effective July 18, 2009) Page(s): 111.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines only topical analgesic medications including anti-inflammatories, lidocaine, and capsaicin are recommended for usage. Terocin patches are a compound of menthol, and lidocaine. There has been shown to be no significant efficacy with topical menthol. Therefore this request for Terocin patches is not medically necessary.