

<b>Case Number:</b>	CM14-0040125		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/05/2014

### 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 Internal Medicine and is licensed to practice in Arizona. 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 51year old man with a work-related injury dated 12/7/12 resulting in chronic elbow pain. The injured worker had MRI imaging of the elbow and forearm dated 3/18/13 showing lateral epicondylitis with possible small intrasubstance tear and mild strain of the extensor carpi radialis longus muscle. Surgical intervention occurred on 2/8/14 when the patient had left carpal and radial tunnel release and long-arm splinting. Multiple visits with the primary treating orthopedic surgery are reviewed. On 11/24/13 he was seen with continued complaints of pain in the arm. The physical exam showed tenderness to the lateral condyle, extensor tendon origin with positive Tinel sign to the cubital tunnel. The diagnoses include sprain/strain of the elbow and forearm and left radial and carpal tunnel syndrome. Under consideration is the continued use of Terocin patches daily for pain. Utilization review dated 4/1/14 denied continued use of Terocin patches as not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION DRUG, GENERIC:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The primary treating orthopedic surgeon is prescribing Terocin Patch for chronic pain in the left elbow status post surgical intervention. Terocin Patch active ingredients include Menthol 4% and Lidocaine 4%. According to the MTUS topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or and AED (Gabapentin or Lyrica). It is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. Regarding the use of Terocin Patches for the use of chronic pain, Lidocaine and menthol are considered not medically necessary due to the lack of documentation that the patient has tried and failed first line therapy. Furthermore the patient is not being treated for post-herpetic neuralgia, which is the only approved use for topical Lidocaine. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. Therefore the request is not medically necessary.