

<b>Case Number:</b>	CM14-0040526		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/25/2011
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/26/2014
<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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 57 year old male who had a date of injury of 05/25/11. The mechanism of injury was not described. Per the submitted records the injured worker was status post posterior lumbar interbody fusion at L5-S1 on 03/13/14. Treatment included 15 acupuncture sessions, 16 chiropractic visits, and three lumbar epidural steroid injections. Current medications include Norco, Topamax and Elavil. Per the requesting provider records Terocin had been prescribed as an attempt to limit oral medications. Per review of the serial records there was no substantive decrease in the pain medications. The record contained a utilization review determination dated 02/26/14 in which a request for Terocin pain patch box (10 patches) was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Pain Patch Box (10 Patches):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate; Topical Analgesics Page(s): 105; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Salicylate topicals.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

**Decision rationale:** The submitted clinical records indicate that the injured worker has chronic pain post-operatively and has been managed on the oral medications Norco, Topamax, and Elavil. It appears that the claimant underwent a trial of Terocin which failed to show any substantive functional improvements or establish a reduction in oral pain medications. As such the request would not be supported under Chronic Pain Medical Treatment Guidelines who notes that the use of topical analgesics is largely experimental/investigational noting the lack of high quality peer reviewed studies to establish the effectiveness of this treatment method. The request for Terocin pain patch box (10 patches) is not supported as medically necessary.