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| <b>Case Number:</b>   | CM14-0043460 |                              |            |
| <b>Date Assigned:</b> | 07/02/2014   | <b>Date of Injury:</b>       | 09/23/2012 |
| <b>Decision Date:</b> | 08/25/2014   | <b>UR Denial Date:</b>       | 03/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/10/2014 |

### 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 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 records presented for review indicate that this 55-year-old gentleman was reportedly injured on September 23, 2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated April 28, 2014, indicates there are ongoing complaints of low back pain. The physical examination demonstrated tenderness over the lumbar spine hardware which reproduces symptoms deep as well as superficial. There was decreased sensation in the lower extremities at the L4 and L5 dermatomes. Diagnostic imaging studies are not commented on. Previous treatment includes a lumbar spine fusion from L3 to L5 and a lumbar spine hardware block. A request was made for Terocin Patches and was not certified in the pre-authorization process on March 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patch x 10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 ,(Effective July 18, 2009) Page(s): 111 of 127.

**Decision rationale:** Terocin Patches are a compound of methyl salicylate, capsaicin, menthol, and lidocaine. According to the California Chronic Pain Medical Treatment Guidelines the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason, this request for Terocin Patches is not medically necessary.