

<b>Case Number:</b>	CM14-0047759		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/31/2008
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 60 year old female injured on 01/31/08 due to an undisclosed mechanism of injury. Current diagnoses include bilateral carpal tunnel syndrome, myofascial pain syndrome, cervicgia with bilateral radiculopathy, thoracic sprain/strain injury, repetitive sprain/strain injury, left cubital tunnel syndrome, reactive insomnia, reactive depression and anxiety, right shoulder arthropathy and history of lumbosacral injury with surgical fusion. The clinical note dated 02/03/14 indicates the injured worker presented complaining of increased pain due to current cold and wet weather rated at 6-7/10. The injured worker also reports increase pain related to benefits from previous trigger point therapy wearing off. The exact location of pain discussed is not specified. The injured worker continued Butrans transdermal patch in addition to Nucynta for control of baseline pain. Terocin Lidocaine patch utilized for peripheral topical neuropathic pain. Physical examination reveals motor weakness in the bilateral upper extremities, sensory deficits in the right upper extremity, positive Tinel's and Phalen's in the right upper extremity, dysesthesia and burning sensation in the shoulders, decreased range of motion in the shoulders, pain and weakness in internal and external rotation of the right upper extremity, and contractions, muscle spasms, and multiple tender areas in the shoulder girdles. Current medications include Nucynta ER, Butrans transdermal patch 20mcg, Topamax, Terocin patch, and Intermezzo. The initial request for Terocin for the bilateral wrists, neck, and right shoulder was initially non-certified on 03/08/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Terocin for the bilateral wrists, neck and right shoulder.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Topical Analgesics: Terocin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

**Decision rationale:** As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, salicylate topicals are recommended in the treatment of chronic pain. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the retrospective request for Terocin for the bilateral wrists, neck and right shoulder cannot be recommended as medically necessary.