

<b>Case Number:</b>	CM14-0048626		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/12/2011
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Geriatrics and is licensed to practice in New York. 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 28 year old woman with a date of injury of 7/12/11. She was seen by her physician on 2/27/14 for right wrist pain status post DeQuervain's release surgery. Her status was listed as 'not improved significantly'. An MRI showed 'some effusion and swelling but no significant pathology'. Her physical exam of the right wrist and forearm showed tenderness at FCR with now swelling, creiptus or ecchymoseis. Her skin wounds were healed. Her diagnosis was DeQuervain's syndrome of the right wrist. At issue in this review is the prescription for terocin patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patches.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine and Topical Analgesics Page(s): 56-57, 112.

**Decision rationale:** Terocin includes topical lidocaine and menthol. 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 an AED such as gabapentin or Lyrica). This is not

a first-line treatment and is only FDA approved for post-herpetic neuralgia. This injured worker has chronic right wrist pain. There is no documentation of a trial of first line therapy prior to terocin patches and thus, the medical records do not support medical necessity for the prescription of terocin in this injured worker.