

<b>Case Number:</b>	CM14-0050018		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/02/2011
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Management and is licensed to practice in Tennessee. 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:

This is a 36 year-old male with a date of injury of 3/2/11. The patient was seen on 2/13/14 with complaints of neck and low back pain 6/10 with radiation to the lower extremities as well as right knee pain. Exam findings revealed antalgic gait with decreased range of motion of the C and L spine and decreased sensation over the C6-8 and L4- S1; dermatomes were also noted on the left. Left upper extremity strength was 4+/5. The left tibialis, EHL, and ankle eversion and inversion were also 4+/5 with regard to motor strength. The diagnosis is Cervical Myofascial Pain and Chronic Left Shoulder Pain. Treatment to date includes: Medications, Acupuncture, Physical Therapy and Chiropractic Therapy. An adverse determination was received on 3/28/14, given there was no indication that the patient had failed first line therapy or was intolerant to oral medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patch CM3-Ketoprfen 20%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines not cited. Decision based on Non-MTUS Citation title 8 industrial relations division1, department of industrial relations chapter 4.5, division of workers' compensation subchapter1.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Terocin Patch, Topical Analgesics Page(s): 112, 111-113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines states that topical Lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that 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). With regard to topical Ketoprofen Cream, CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine, Capsaicin (in creams, lotion or gels) in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other Muscle Relaxants, also Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This patient is using a Terocin patch, which contains Lidocaine; however there is no evidence that this patient has tried and failed first line therapy for pain. In addition, he has been on Terocin since 2012 and there is a lack of documentation to support ongoing use with regard to functional gains. With regard to topical Ketoprofen, this medication is not supported per MTUS guidelines. In addition, there is a lack of documentation with regard to ongoing functional gains with this medication. Therefore, the request for Terocin Patch CM3-Ketoprofen 20% is not medically necessary.