

<b>Case Number:</b>	CM14-0051794		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Occupational Medicine and is licensed to practice in Colorado. 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 33 year old female with a date of injury on 2/1/12. A 1/21/14 evaluation noted persistent low back pain, left ankle pain, left groin, and knee pain. An exam reflects slightly antalgic gait, an extension of the left knee at 170 degrees and flexion at 125 degrees. The diagnoses include discogenic lumbar condition with facet inflammation, left sided radiculopathy, left knee derangement, left ankle sprain, and left groin inflammation. The injured worker was prescribed various medications including Terocin patches for topical relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patches #20:** 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 Topical Analgesics Page(s): 111.

**Decision rationale:** The medical treatment guidelines do not support the use of combined topical agents when one or more of the agents are not supported for use. The use of these combined patch agents are not supported by evidenced studies. There is little to no support for the use of these agents and any compounded product that contains at least one drug (or drug class) that is

not recommended, is not considered medically necessary. The Terocin patch contains Methyl Salicylate, Capsaicin, Menthol, and Lidocaine Hydrochloride. These agents are not supported for chronic pain and use of Menthol for pain is not recommended. Therefore, the request for Terocin patches is not medically necessary.