

<b>Case Number:</b>	CM14-0051879		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/23/1993
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 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 patient is 51-year-old female who has submitted a claim for wrist flexion and extension tenosynovitis, trigger fingers, and rotator cuff tendinosis associated from an industrial injury date of May 23, 1993. Medical records from 2010-2014 were reviewed, the latest of which dated June 17, 2014 revealed that the patient is having quite a bit of pain in the right wrist. She has a stabbing pain and she is dropping everything with her right hand. She has some pain along the trigger finger on the left where she had previous surgery. She cannot completely close the finger or make a complete fist. She is walking with use of a cane. Her medications help her to be functional. On physical examination, there is tenderness along the CMC joint, first extensors and base of the thumb on the right along the A1 pulley of the fourth digit on the left. Treatment to date has included trigger thumb and index finger release (6/24/94), right middle and little finger releases (10/6/94), TENS, and medications, which include Norco, Tramadol, naproxen, Ultracet, Protonix, Medrox patch, LidoPro, Terocin lotion and Terocin patch. Utilization review from March 24, 2014 denied the request for Terocin patches #30 because this medication is not appropriate for the patient and there is no guideline support for the topical application of menthol and topical capsaicin is considered experimental and is only recommended as an option for patient who have not responded or are intolerant to other treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patches #30:** 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 Lidoderm (lidocaine patch); Topical Analgesics, Lidocaine Page(s): 56-57; 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

**Decision rationale:** Terocin Patch contains 4% lidocaine and 4% menthol. As stated in page 112 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine in the formulation of a dermal patch has been designated for Orphan status by the FDA (Food Drug Administration) for neuropathic pain. In addition, 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 (Antiepileptic drugs) such as gabapentin or Lyrica). Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. The patient has been on Terocin patches since October 2013 for pain relief in the right shoulder, right elbow, right wrist and hand. The patient claims that current medications help with the pain; however, there is no documented evidence of functional improvement. Moreover, there is no evidence that the patient is intolerant to oral analgesics or there is trial of first-line therapy that may warrant use of transdermal formulation. Therefore, the request for Terocin patches #30 was not medically necessary.