

<b>Case Number:</b>	CM14-0055412		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/06/2006
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Florida. 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 67-year-old male who reported an injury on 05/06/2006. The mechanism of injury is unknown. The injured worker has a history of palpitations. On examination of 02/11/2014, the injured worker presented for palpitations. The injured worker's medications include Benicar, Protonix and Terocin patch. The injured worker complained of reflux syndrome. On examination, the injured worker had tenderness of his sciatic region noted bilaterally. He had difficulty squatting. Diagnostic testing revealed echocardiogram had ejection fraction of 50%, occasional premature ventricular contraction noted, and left ventricle hypertrophy. The injured worker has a diagnosis of status post lumbar spine surgery, possible methicillin-resistant staphylococcus aureus, rule out cardiac vegetation and carditis, hypertension, gastropathy secondary to anti-inflammatory medications taken to relieve orthopedic injuries, insomnia secondary to chronic pain, multiple orthopedic conditions, deferred to appropriate specialists, history of premature ventricular contractures and arrhythmias quiescent at this time, depressed ejection fraction, left ventricle hypertrophy, slight heart disease, hearing loss, sciatica, and dermatological condition. The request is for Terocin patch #30. The request for authorization is dated 03/21/2014. Rationale for Terocin patch is being prescribed to assist the patient with treatment of mild to moderate acute or chronic aches and pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patch #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The request for Terocin patch #30 is not medically necessary and appropriate. The injured worker has a history of back pain. California MTUS Guidelines recommend that topical analgesics are recommended as an option in certain circumstances. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Terocin is a compounded agent which contains Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.25%. Capsaicin is recommended only as an option in patients who have not responded or tolerated other treatments. Lidocaine is recommended for localized peripheral after there has been evidence of a trial of first-line therapy. The injured worker continued to have palpitations. He also continued to have nausea without vomiting. There is a lack of documentation to indicate failed trials of antidepressants or anticonvulsants. There is insignificant documentation as to the use of oral pain medications to relieve the pain symptoms. There is lack of documentation for a non-response to other treatment including oral pain medication. As such, the request Terocin patch #30 is not medically necessary.