

<b>Case Number:</b>	CM14-0075174		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/06/2012
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 60-year-old female who reported an injury on 02/06/2012, caused by unspecified mechanism. The injured worker's treatment history included medications, psychiatry treatment, MRI, EMG/NCV studies. The injured worker was evaluated on 07/15/2014, and it was documented that the injured worker had left arm pain. The provider noted the injured worker failed epidural steroid injection; however, she had positive findings for her EMG/NCS studies for cubital tunnel and carpal tunnel. In the documentation, objective findings were positive for the Phalen's test. Medications included hydrocodone/acetaminophen 10/325 mg, Terocin Patches, lidocaine menthol 4%. Diagnoses included depressive disorder plus cervical/disc syndrome, cubital tunnel and carpal tunnel syndrome. Request for authorization dated 04/07/2014 was for Terocin Patches, lidocaine menthol 4%; however, the rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patches, Lidocaine Menthol, 4%.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. The documentation submitted failed to indicate the injured worker's conservative care measures such as, physical therapy and pain medicine management outcome. In addition, request did not provide frequency or location where the patches will be applied. As such, the request for Terocin Patches, Lidocaine Menthol, 4% is not medically necessary.