

<b>Case Number:</b>	CM14-0077386		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/27/2012
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 & Rehabilitation 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 injured worker is a 64-year-old-female sustained an industrial injury while working as a janitor. The patient reported a repetitive strain injury initially to her cervical spine, right upper extremity, and right shoulder on April 27, 2012; pain with radiation of pain down the right upper extremity affecting the right hand as well as some pain in the right wrist with radiation to the right forearm and into the right hand. She complains of an increase of pain in her right shoulder and bilateral hands. The patient treated with 24 sessions of chiropractic care and was recommended six sessions of acupuncture. Medications include tramadol and Neurontin. Examination of the cervical spine range of motion there is decreased flexion, extension and bilateral bending and rotation by 10% of normal. There is restricted right shoulder ROM. Strength: right shoulder flexion-abduction, 3-4/5 with end-range pain. Diagnosis included right repetitive strain injury to the hand, right rotator cuff impingement, right wrist strain, cervical strain, and right carpal tunnel syndrome. UR determination request for Terocin patch 1 patch qd #100 is denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patch 1 patch qd #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Lidocaine, 112 Page(s): 112.

**Decision rationale:** According to the references, Terocin patches contain lidocaine and menthol. The CA MTUS state only Lidocaine in the formulation of Lidoderm patch may be considered 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). The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topically applied lidocaine is not recommended for non-neuropathic pain. The medical records do not establish this topical patch is appropriate and medically necessary for this patient. The request of Terocin Patches is not medically necessary.