

<b>Case Number:</b>	CM14-0079235		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/05/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 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 43-year-old female who reported an injury on 12/05/2013. The mechanism of injury is noted to be repetitive physical work duties. Diagnostic tests were noted to be a magnetic resonance imaging of the bilateral wrists and electromyography/nerve conduction velocity study of the bilateral upper extremities. Her past surgical history was for right hand surgery in 2000 and right wrist surgery in 2003. She reported pain that was aggravated by gripping, grasping, reaching, pulling, and lifting. She complained of abdominal disturbances and difficulty sleeping due to pain. The examination of the bilateral wrists revealed tenderness to palpation over the carpal bones and over the thenar and hypothenar eminence bilaterally. Active range of motion revealed flexion of 50 degrees, extension 50 degrees, radial deviation 20 degrees, and ulnar deviation 25 degrees. The treatment recommendation included a transcutaneous electrical nerve stimulation unit with supplies for home use, hot/cold unit, physical therapy, acupuncture for a period of 6 weeks, and shockwave therapy up to 3 treatments for each wrist. The rationale for the request was not within the documentation. A Request for Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patch (duration and frequency unknown): 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 Terocin Patch Page(s): 111-112.

**Decision rationale:** The request for Terocin patch (duration and frequency unknown) is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The Terocin patch contains lidocaine and menthol. The guidelines indicate that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy, such as a tricyclic or SNRI antidepressant or an AED, such as gabapentin or Lyrica. However, no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The clinical documentation failed to indicate failed trial of gabapentin or Lyrica. The patch contains lidocaine which is not recommended in a combination. The guidelines state any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. In addition, the provider's request failed to state a duration or frequency. As such, the request for Terocin patch (duration and frequency unknown) is not medically necessary.