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| Case Number: | CM14-0081492 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 07/20/2013 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 05/17/2014 |
| Priority: | Standard | Application Received: | 06/02/2014 |

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 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:

This 51 year-old patient sustained an injury on 7/20/13 from lifting one-gallon paint cans while employed by [REDACTED]. Request(s) under consideration include Terocin Patch (duration and frequency unknown). Diagnoses include right lateral epicondylitis annard right radial tunnel syndrome. Report of 3/31/14 from the provider noted the patient with ongoing complaints of pain and was s/p right lateral epicondylarra debridemennt and radial tunnel release. It was noted the patient would be made permanent and stationary from the surgical standpoint after completion of the physical therapy. Request(s) for Terocin Patch (duration and frequency unknown) was non-certified on 5/17/14 citing guidelines criteria and lack of medical necessity.

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 Topical Analgesics, Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth

factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Page(s): 111-113.

Decision rationale: This 51 year-old patient sustained an injury on 7/20/13 from lifting one-gallon paint cans while employed by [REDACTED]. Request(s) under consideration include Terocin Patch (duration and frequency unknown). Diagnoses include right lateral epicondylitis and right radial tunnel syndrome. Report of 3/21/14 from a provider noted the patient with right elbow pain constant rated at 9/10 radiating to entire right upper extremity with numbness and tingling. Medications list Atenolol, Gabapentin, Norco. Exam only noted patient with intact mental status, upper extremities wearing elbow pad and wrap to right side. Treatment noted medication refills of Norco, PT/ home exercise, psychology sessions. Report of 3/31/14 from the provider noted the patient with ongoing complaints of pain and was s/p right lateral epicondylar debridement and radial tunnel release. It was noted the patient would be made permanent and stationary from the surgical standpoint after completion of the physical therapy. Request(s) for Terocin Patch (duration and frequency unknown) was non-certified on 5/17/14. Review indicated the patient was prescribed Terocin topical for his right elbow and right upper extremity complaints since at least 7/20/13 without functional benefit. The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswellia serrata and topical Lidocaine are specifically "not recommended" per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additional, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury of 2010 nor is there any report of acute flare-up, new red-flag conditions, or intolerance to oral medications as the patient continues to be prescribed multiple oral meds. The Terocin Patch (duration and frequency unknown) is not medically necessary and appropriate.