

<b>Case Number:</b>	CM14-0086742		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/28/2003
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 43-year-old male with a reported date of injury on 07/28/2003. The injury reportedly occurred while the injured worker was finishing concrete, knelt down, and a piece of rock got into his knee pads. His diagnoses were noted to include cervical spine discopathy, lumbar discopathy with radiculitis and facet arthropathy, tear of medial and lateral menisci to the right knee, torn medial meniscus left knee with chondromalacia patella, status post incomplete left knee arthroscopy, and left foot internal derangement. His previous treatments were noted to include medications and surgery. The progress note dated 04/07/2014 revealed the injured worker complained of constant cervical spine, back, and knee pain. The physical examination revealed positive Spurling's, positive straight leg raise, positive McMurray's, and decreased range of motion. There was tenderness noted to the cervical and lumbar spine and positive tenderness to the joint line of the knee. The progress note dated 04/04/2014 revealed the injured worker complained of persistent pain to the low back and the symptomatology in the injured worker's cervical spine and left foot had not changed. The physical examination of the cervical spine revealed tenderness at the cervical paravertebral muscles and upper trapezius muscles with spasms. The physical examination of the lumbar spine revealed tenderness of the mid to distal lumbar segments. There was pain with terminal range of motion and seated nerve root test was positive. There was dysesthesia in the L5 and S1 dermatomes. The examination of the bilateral knees revealed tenderness of the knee joint line, and there was a positive McMurray's, positive patellar compression, and pain with terminal flexion. The examination of the left foot noted tenderness at the anterolateral aspect of the left foot as well as the lateral aspect of the left foot. There was pain with terminal motion and pain with forced dorsiflexion to the left foot. The Request for Authorization Form was not submitted within the medical records.

The request is for a Terocin patch; however, the provider's rationale was not submitted within the medical records.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Terocin Patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Topical Salicylate Page(s): 111-113 and 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The injured worker complains of back and knee pain. The California Chronic Pain Medical Treatment Guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. There is a lack of documentation regarding neuropathic pain to warrant a Terocin patch. Additionally, the guidelines do not recommend lidocaine in any formulation other than a Lidoderm patch for neuropathic pain. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.