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| <b>Case Number:</b>   | CM14-0092064 |                              |            |
| <b>Date Assigned:</b> | 07/28/2014   | <b>Date of Injury:</b>       | 09/14/2005 |
| <b>Decision Date:</b> | 10/01/2014   | <b>UR Denial Date:</b>       | 06/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/18/2014 |

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 41 year old female with a reported date of injury on 09/14/2005. The mechanism of injury was not provided. The injured worker's diagnoses included left shoulder rotator cuff tendinopathy, bilateral thoracic outlet syndrome, bilateral carpal metacarpal joint arthropathy, and neck pain. The injured worker's past treatments included lifestyle modifications, medications, and joint injections. No pertinent diagnostics were provided. The injured worker's surgical history included a partial fusion at C6-7. The documentation provided was not clear as to whether or not the injured worker had shoulder surgery in 2013 or 2014. The injured worker was evaluated for left shoulder pain on 02/14/2013 and was prescribed Terocin patches. The treatment plan included a left shoulder acromioplasty, distal clavicle excision and, if necessary, a rotator cuff repair. On 11/01/2013 the injured worker reported relief from a left shoulder nerve block, on 09/23/2013, lasting into that evening. Terocin was dispensed. Medications remained the same. On 12/10/2013 the injured worker was evaluated and continued to complain of bilateral trapezius and neck pain with headache. The pain is exacerbated by computer work and relieved when her left shoulder 'pops'. Medications were unchanged. The injured worker's medications included Terocin Patches to shoulder twice per day, Norco, baclofen, and Methoderm Gel 120g as directed four times per day. The request was for Retrospective Terocin Patches #20 for the left shoulder. No rationale was provided. The request for authorization was submitted on 05/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Terocin Patches #20 for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): Page 105.

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

**Decision rationale:** The request for Retrospective Terocin Patches #20 for the left shoulder is not medically necessary. The active ingredients in Terocin are Lidocaine and menthol. The California MTUS Chronic Pain Guidelines recommend topical lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. While Terocin is in patch form, it is a combination of lidocaine and another active ingredient. As the guidelines recommend topical Lidocaine in the form of the brand name patch Lidoderm, the use of Lidocaine in a Terocin patch would not be indicated. No documentation was provided indicating that the injured worker had tried and failed an antidepressant or antiepileptic as first-line therapy. In addition, the request did not include a frequency of dosing or length of application. Therefore, the request for Retrospective Terocin Patches #20 for the left shoulder is not medically necessary.