MAXIMUS Federal Services

| Case Number: | CM14-0201795 | | |
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| Date Assigned: | 12/12/2014 | Date of Injury: | 08/28/2009 |
| Decision Date: | 01/28/2015 | UR Denial Date: | 11/26/2014 |
| Priority: | Standard | Application Received: | 12/02/2014 |

## 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 Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 27 year old with a work injury dated 8/28/09. The diagnoses include neuropathy, traumatic arthritis, chronic ankle pain, hypesthesia. Under consideration are requests for Terocin Patches #30. There is a 6/10/14 document that states that the patient has tenderness with palpation of the right lateral ankle, altered gait. There is chronic pain and swelling of the ankle and foot. The objective findings state positive MRI lateral malleoli and dorsalateral process of talus, anterior talofibular calcaneofibular and deltoid ligament sprain, pain with standind and walking. The treatment was Terocin/Liodcaine patches.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patches #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Menthol; Topical analgesics Page(s): 56; 105;111-112.

**Decision rationale:** Terocin patches #30 are not medically necessary per MTUS Chronic Pain Medical Treatment Guidelines. A Terocin patch contains: Menthol 4%; Lidocaine 4%. Per

MTUS guidelines, topical Lidocaine in the form of a creams, lotions or gel is not indicated for neuropathic pain. The guidelines state that Lidocaine in a patch form may be recommended 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). and is only FDA approved for post-herpetic neuralgia. The MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Furthermore, the MTUS guidelines state that compounded products that contains at least one drug (or drug class) that is not recommended is not recommended. Although Menthol is not specifically addressed in the MTUS menthol is present in Ben Gay which is recommended by the MTUS. Due to the fact that documentation submitted does not show evidence of intolerance to oral medications, failure of first-line therapy and no indication of post herpetic neuralgia in this patient Terocin patches are not medically necessary.