

<b>Case Number:</b>	CM14-0208416		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	02/07/2004
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic ankle and heel pain reportedly associated with an industrial injury of February 4, 2004. In a Utilization Review Report dated December 2, 2014, the claims administrator denied a request for a Terocin-lidocaine patch. The applicant's attorney subsequently appealed. The article in question was apparently dispensed on July 8, 2014. On that date, the applicant reported ongoing complaints of ankle and heel pain secondary to traumatic arthritis of the same with a secondary diagnosis of low back pain. The applicant exhibited an antalgic gait. An H-Wave device and Terocin patches were endorsed. The lidocaine-containing Terocin lotion was again dispensed on October 31, 2014. Trigger point injection therapy and an H-Wave device were also endorsed to ameliorate the applicant's ongoing complaints of foot, ankle, heel, and low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Terocin/lidocaine patch apply on affected area od #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Library of Medicine (NLM), Terocin Medication Guide

**Decision rationale:** Terocin, per the National Library of Medicine, is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that lidocaine, one of the primary ingredients in the compound at issue, is recommended for localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, the attending provider made no mention of oral antidepressant adjuvant medication and/or oral anticonvulsant adjuvant medication failure on the July 8, 2014 and/or October 31, 2014 progress note, in which the lidocaine-containing Terocin compound was dispensed. Therefore, the request was not medically necessary.