

<b>Case Number:</b>	CM15-0105379		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	10/08/2008
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 44-year-old female, who sustained an industrial injury on October 8, 2008. Treatment to date has included physical therapy, status post sub muscular ulnar nerve transposition, work modifications and medication. Currently, the injured worker complains of worsening pain over the right medial epicondyle. She describes the pain as constant burning and rates the pain a 7 on a 10-point scale. She reports increased pain over the left cubital tunnel and attributes the increase in pain to doing computer work. She uses Lyrica twice per day, Anaprox in the morning, Relafen at night for pain. She has a Flector patch and Terocin patches she uses as needed. On physical examination the injured worker has 5/5 motor strength bilaterally in the extensor digitorum, 4/5 weakness in the first DI on the right and 5/5 on the left. A Tinel's test over the median nerve at the wrist on the right elicits a change in sensation. Tinel's test over the ulnar nerve on the right elicits pain at the ulnar aspect of the right forearm and into the right fifth digit. The diagnoses associated with the request include status post right ulnar nerve transposition and left ulnar neuritis. The treatment plan includes continuation of Anaprox, Protonix, Lyrica, Relafen, Flector patch and Terocin patch. She was initiated on Voltaren gel and continued on physical therapy and modified work duty. The patient has had history of numbness and tingling in bilateral hands and had possibility of bilateral ulnar neuropathy at elbow, Patient has received an unspecified number of PT visits for this injury. The medication list include Anaprox, Lyrica, Protonix Relafen and Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Terocin Patch for the service date of 11/25/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

**Decision rationale:** Request: Retrospective request for Terocin Patch for the service date of 11/25/14. Terocin patches contain Menthol 4% and Lidocaine 4%. According to the MTUS Chronic Pain Guidelines, regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". 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. Lidocaine Indication: Neuropathic pain 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). Non-neuropathic pain: Not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. There is no evidence in the records if the pain is neuropathic in nature. The medication list contains Lyrica. The detailed response of the Lyrica for this injury was not specified in the records provided. Any intolerance or lack of response of oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is also no evidence that menthol is recommended by the CA, MTUS, and Chronic pain treatment guidelines. Topical menthol is not recommended in this patient for this diagnosis. The medical necessity of the request for Retrospective request for Terocin Patch for the service date of 11/25/14 is not medically necessary in this patient.