

<b>Case Number:</b>	CM15-0106233		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	06/26/2014
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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 37-year-old male; with a reported date of injury of 06/26/2014. The diagnoses include rotator cuff injury, adhesive capsulitis of the shoulder, and rotator cuff tear. Treatments to date have included physical therapy; an MRI of the right shoulder on 02/27/2015 which showed evidence of distal supraspinatus rotator cuff repair with small vertical inferior articular surface tear of the distal segment; right shoulder arthroscopy, rotator cuff repair, and subacromial decompression on 09/29/2014; topical pain medication; and oral medication (failed). The progress report dated 04/20/2015 indicates that the injured worker had blood in the stools and was told that he was unable to tolerate NSAIDs (non-steroidal anti-inflammatory drugs). He had been using Terocin patches instead. The injured worker felt that the Terocin patches were helping, and without the patches, he would not be able to sleep or do any activity. He denied any side effects from the patches, and was in need of a refill for the patches. The injured worker rated his pain 9 out of 10 on the day of the appointment. The physical examination showed a normal gait, normal posture, and normal transition from sit to stand, and normal mobility. The treating physician requested Terocin Patch 4% #30 with no refills (Dispensed 04/20/2015). The purpose of the request is to reduce pain without oral medication use and to improve function. Patient has received 24 post op PT visits for this injury. The medication list include Norco, naproxen and terocin patch.

### 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 4%, apply one patch to affected area; 12 hours on, 12 hours off, #30, dispensed on 04/20/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate topicals. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Salicylate topicals.

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

**Decision rationale:** Request: Retrospective request for Terocin Patch 4%, apply one patch to affected area; 12 hours on, 12 hours. 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 provided that the pain is neuropathic in nature. The records provided do not specify that trials of antidepressants and anticonvulsants have failed. Any 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 Terocin patches is not fully established in this patient.