

<b>Case Number:</b>	CM15-0106661		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	01/02/2003
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 60-year-old female, who sustained an industrial injury on 1/2/2003. She reported numbness in her right hand with neck and shoulder pain due to repetitive keyboard work. Diagnoses have included C5-C6 degenerative disc bulge with right sided sprain causing right chronic C6 radiculopathy, right greater occipital neuralgia and right ulnar mononeuropathy. Treatment to date has included physical therapy and medication. According to the progress report dated 3/11/2015, the injured worker complained of right sided neck, right lateral deltoid and forearm pain. She also complained of left shoulder and left deltoid pain. She rated the pain in the neck and arm as 7/10. She complained that she could not lift her right arm without intense lateral deltoid pain. She reported using Terocin patches and creams in the past, which helped alleviate the pain. She stated that anti-inflammatories irritated her gastrointestinal system ever since she was treated with chemotherapy. Physical exam revealed that cervical flexion elicited right neck pain. Spurling's maneuver elicited right upper trapezius pain radiating into the right scapular region. There was tenderness to palpation over the right occipital area and the right facet C2-C3 and at the right interscapular border. Authorization was requested for Terocin and Terocin patches dispensed on 3/11/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Terocin #240 (3/11/15): Upheld**

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

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

**Decision rationale:** Terocin lotion is formed by the combination of methyl salicylate, capsaicin, and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Terocin lotion contains capsaicin a topical analgesic not recommended by MTUS. Based on the above, the retrospective request for terocin lotion is not medically necessary.

**Retrospective Terocin patches #30 (3/11/15): Upheld**

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

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

**Decision rationale:** Terocin patch is formed by the combination of Lidocaine and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Terocin patch contains Lidocaine a topical analgesic not recommended by MTUS. Based on the above, the retrospective request for Terocin patches is not medically necessary.