

<b>Case Number:</b>	CM15-0107370		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	09/24/2003
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/06/2015
<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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 61 year old female, who sustained an industrial injury on September 24, 2003, incurring lower back, and neck and shoulder pain. She was diagnosed with lumbar disc degeneration and lumbosacral neuritis. Treatment included pain medications, anti-inflammatory drugs, chiropractic sessions, physical therapy, neuropathic medications, antidepressants, and modified work restrictions. Magnetic Resonance Imaging of the lumbar spine revealed disc herniations and tears. Currently, the injured worker complained of persistent lower back pain with numbness and tingling radiating down into both legs. Sitting, standing, walking, bending and lifting were all limited. The treatment plan that was requested for authorization included a prescription for Terocin patches with three refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patches #30 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) and Salicylate topical and Topical analgesics Page(s): 56 and 105 and 111-113.

**Decision rationale:** Terocin patch is 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 failure of first-line therapy and no indication of postherpetic neuralgia in this patient Terocin patch is not medically necessary.