

<b>Case Number:</b>	CM15-0013002		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	06/13/2002
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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 54-year-old female, who sustained an industrial injury on June 13, 2002. The diagnoses have included cervical radiculopathy, status post cervical fusion, neck pain, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome and neuropathic pain. Treatment to date has included trigger point injections, narcotics and urine drug screening. Currently, the injured worker complains of cervical spine and upper extremity pain. In a progress note dated November 15, 2014, the treating provider reports were normal findings. On December 31, 2014 Utilization Review non-certified a Terocin patches (menthol 4%, lidocaine 4%) quantity 60, noting, Medical Treatment Utilization Schedule Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patches (Menthol 4 Percent, Lidocaine 4 Percent) #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) & Menthol & Topical analgesics- pages 111,112 Page(s): 56 & 105 & 111-112.

**Decision rationale:** Terocin Patches (Menthol 4 Percent, Lidocaine 4 Percent) #60 are 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 cream, lotion 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 intolerance to oral medications, failure of first-line therapy and no indication of postherpetic neuralgia in this patient, Terocin patches is not medically necessary.