

<b>Case Number:</b>	CM15-0138048		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 38 year old female, who sustained an industrial injury on 10-29-2012. She has reported injury to the right hand and left wrist. The diagnoses have included peripheral neuropathy right pronator tunnel; right DeQuervain's; right carpal tunnel syndrome; left wrist tendinitis; right lateral epicondylitis; and chronic pain syndrome. Treatment to date has included medications, diagnostics, activity modification, acupuncture, surgical intervention, and physical therapy. Medications have included Percocet, Anaprox-DS, Tramadol, Xanax, and Prilosec. A progress report from the treating physician, dated 06-12-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of pain in the right hand, right forearm, and left wrist; the pain is described as moderate to severe; associated symptoms are weakness, numbness, tingling, swelling, stiffness, and she drops things unexpectedly; she is not showing any improvement; she is unable to return to work due to physical limitations; and the Terocin patches are helping with pain control and improved function, with no significant side effects at this time. Objective findings included she has been authorized for just one more visit with the pain specialist; the psychiatric consultation will take place in about two weeks; and the goal of the Terocin patches is to help reduce the amount of oral medications, decreasing the load on the liver and kidneys, as well as the secondary side effects to the gastrointestinal system. The treatment plan has included the request for Terocin patches quantity 30 with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patches qty 30 with one refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics, Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work injury in October 2012 and continues to be treated for right forearm, hand, and left wrist pain. When seen, she was having intermittent moderate to severe pain. Current medications were Percocet, Anaprox-DS, Xanax, Prilosec, and tramadol. No physical examination was recorded. Medications were refilled and included Terocin. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin, which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments in a non patch formulation with generic availability that could be considered. This medication is not medically necessary.