

<b>Case Number:</b>	CM15-0149718		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	01/17/1999
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old male, who sustained an industrial injury on 1-17-99. He has reported initial complaints of a back injury at work. The diagnoses have included chronic pain syndrome, lumbar post laminectomy syndrome, thoracic post laminectomy syndrome, fibromyositis, and depressive disorder. Treatment to date has included medications, activity modifications, diagnostics, multiple spinal surgeries, injections, physical therapy, home exercise program (HEP), home health, aquatic therapy and other modalities. Currently, as per the physician progress note dated 7-15-15, the injured worker is for routine follow up with a long and complex chronic spine history due to undergoing numerous spinal reconstruction surgeries in the past. He complains of increased upper back pain with burning pain on the left side of the upper back. He states that the pain interferes with his sleep at night. He also notes that the spinal surgeon reported possible cervical issues that contribute to complaints of numbness in the fingers and hands. He also reports increased weakness in the upper extremities. The current pain medications included compounded creams, Cymbalta, Diclofenac, Flector patch, Lidoderm patch, Lyrica, Skelaxin, Tramadol, Ultram and Wellbutrin. There is no previous urine drug screen reports noted in the records. The physician requested treatment included Unknown Terocin patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown Terocin patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

**Decision rationale:** The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswellia serrata and topical Lidocaine are specifically not recommended per MTUS. Per FDA, topical Lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additionally, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic 1999 injury nor is there any report of acute flare-up, new red-flag conditions, or intolerance to oral medications as the patient continues to be prescribed oral meds. The Unknown Terocin patches are not medically necessary and appropriate.