

<b>Case Number:</b>	CM15-0165631		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	05/22/2001
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 years old female patient, who sustained an industrial injury on 5-22-01. The diagnoses include lumbago and backache not otherwise specified. Per the PR-2 dated 8/20/15, she had pain at 5/10 with patch and 7/10 without patch. Per the PR-2, dated 6-25-15, she had complaints of pain at 4/10. The medications list includes Ibuprofen and Terocin patches. The physical examination revealed tenderness, spasm in the lumbar spine. She has had physical therapy visits for this injury. A request for Terocin patches was made, indicating that the "purpose is to reduce pain without oral medication use and improve function". The report states that the injured worker has "neuropathic pain."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Terocin dispensed on 6/25/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Retrospective Terocin dispensed on 6/25/15 Topical Analgesics, pages 111-113. Terocin patch contains Menthol and Lidocaine. According to the MTUS Chronic Pain Guidelines, regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants was not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence to support the use of menthol in combination with other topical agents. The medical necessity of Retrospective Terocin dispensed on 6/25/15 is not fully established for this patient.