

<b>Case Number:</b>	CM15-0169754		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	10/04/2011
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Arizona, 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 injured worker is a 37 year old male who reported an industrial injury on 10-4-2011. His diagnoses, and or impression, were noted to include: status-post right shoulder arthroscopy; left shoulder sprain-strain; lumbar herniated discs; status-post lumbar surgery; and cervical sprain-strain. The history notes a lumbosacral inter-body fusion with laminectomy in 1998. Recent magnet imaging studies of the right knee were done on 5-12-2015. His treatments were noted to include: an agreed neurological medical examination on 4-15-2015; psychiatric evaluation and treatment; injection therapy; medication management; and being declared permanent and stationary, having met maximum medical improvement. The progress notes of 8-4-2015 reported a future medical care follow-up visit for complaints of bloating, burning, and worsening pain in the stomach, and bleeding with stools; radicular neck pain into the bilateral arms, aggravated by lifting; increased tension and stress, secondary to pain, and with increased insomnia; pain in the lower back that radiated into the bilateral legs, aggravated by activity, coughing and sneezing; and constant pain in the right shoulder, aggravated by activities and overhead reaching, and helped by medications. Objective findings were noted to include: degrees of cervical range-of-motion that was with positive foraminal compression test and Spurling's test of the cervical spine; tightness and spasm in the bilateral trapezius, sternocleidomastoid and straps muscles; degrees of lumbar range-of-motion with tightness and spasm in the bilateral lumbar para-spinal musculature; hypoesthesia along the anterior lateral aspect of the foot-ankle and lumbosacral dermatomes, bilaterally; weakness with bilateral big toe dorsi-flexion; range-of-motion of the right shoulder with positive right impingement test, and tenderness over the greater tuberosity of

the right humerus; subacromial grinding and clicking of the right humerus; and tenderness over the right rotator cuff muscles. The physician's requests for treatments were noted to include a prescription for Terocin Patches for breakthrough pain and to help reduce medication intake. The Utilization Review of 8-21-2015 non-certified the request for Terocin Patches.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One prescription for Terocin patches:** 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:** Terocin patch contains .025% Capsaicin, 25% Methyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is 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). Topical NSAIDs are indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). The claimant does not have arthritis and long term use is not indicated. In this case, there is no documentation of failure of 1st line medications. The claimant was also on other topical analgesics containing NSAIDS as well as oral NSAIDS and opioids. In addition, other topical formulations of Lidocaine are not approved. Any compounded drug that is not recommended is not recommended and therefore Terocin patches are not medically necessary.