

<b>Case Number:</b>	CM15-0181909		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 56-year-old female, who sustained an industrial injury on 8-14-13. The documentation on 8-28-15 noted that the injured worker has complaints of lower back pain, right shoulder pain and right foot pain. The pain radiates to the right leg and associated with abnormal gait, cramps, difficulty in ambulation, muscle spasms, numbness right arm, tingling and weakness right arm. Cervical spine examination revealed range of motion is restricted with flexion to 20 degrees (normal 45 degrees), extension to 30 degrees (normal 75 degrees), lateral rotation to the right to 30 degrees (normal 45 degrees), lateral rotation to the left to 30 degrees (normal 45 degrees) and painful range of motion on left and right lateral rotation. Tenderness is noted on the right side and spinous process tenderness is noted on C4, C5, C6 and C7 and tenderness is noted at the paracervical muscles and trapezius. Lumbar range of motion is restricted with flexion limited to 30 degrees limited by pain and extension limited to 15 degrees. On palpation, paravertebral muscles, tenderness is noted on the right side and spinous process tenderness is noted on L5. Straight leg raising test is negative on both sides and there is tenderness noted over the sacroiliac spine. Right shoulder examination revealed restricted movement with flexion, extension and abduction. The documentation noted on palpation there is tenderness noted in the acromioclavicular joint, coracoid process and greater tubercle of humerus. The diagnoses have included pain in joint of shoulder; rotator cuff syndrome of shoulder and allied disorders; shoulder region disorders not elsewhere classified and myalgia and myositis not otherwise specified. Treatment to date has included cyclobenzaprine for muscle spasms in her arm and left and Terocin patch reduces her pain from 8 out of 10 to 3-4 and out of 10 and allow her to sleep. The current medications are listed as Cyclobenzaprine; Lidopro; Naproxen; Pantoprazole; amlodipine; Ibuprofen; Levothyroxine; Tylenol; Sertraline and Trazodone. The original utilization review (9-8-15) non-certified the request for Terocin patch 4-4 percent quantity 30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patch 4-4% quantity 30:** 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:** The claimant sustained a work injury in August 2013 and continues to be treated for right shoulder, right foot, and low back pain with right lower extremity radiating symptoms. When seen, she appeared to be in mild distress and was anxious. There was cervical and lumbar tenderness with restricted range of motion. Cervical facet loading was positive on the right side. There was sacroiliac tenderness. There was cervical spinous process and lumbar spinous process tenderness. There was decreased and painful right shoulder range of motion with tenderness. There was right sacroiliac joint tenderness with multiple trigger points over the iliotibial band. Strength and sensation were decreased. Medications were refilled. Topical treatments were Lidopro and Terocin patches. 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 after there has been evidence of a trial of first-line therapy with a tricyclic or SNRI anti-depressant or an anti-epilepsy drug such as gabapentin or Lyrica. 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 with generic availability in non-patch formulation that could be considered. Lidopro is also being prescribed which contains the same medications and prescribing Terocin is duplicative. This medication is not medically necessary.