

<b>Case Number:</b>	CM15-0186427		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	06/03/1992
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 72 year old male, who sustained an industrial injury on 6-3-92. The injured worker was diagnosed as having lumbar disc disease; lumbar radiculitis; postlaminectomy syndrome - lumbar; lumbar spinal stenosis; chronic pain. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 8-18-15 indicated the injured worker complains of low back pain and bilateral sacroiliac pain. He also complains of numbness in his legs. The provider documents his pain levels "right now is a 3 out of 10, 10 being worst. The pain interferes with his activities and activities are limited." The injured worker is a status post "bilateral laminectomy with PLIF L3-4 on 8-26-08" and then status post bilateral laminectomy with medial facetectomy at L2-3 and explant hardware with repeat posterolateral fusion at L3-4 on 3-16-11". The provider includes a physical examination that notes his lumbar range of motion is severely limited. He notes a slow gait and walking with a cane. He has tenderness to palpation over this bilateral paraspinal with spasms and trigger points appreciated. Deep tendon reflexes are noted as 0-1+ bilaterally at the patellae and bilateral Achilles is absent. Motor strength testing reveals quadriceps 5 out of 5 left and 4 out of 5 right. He has diminished sensation over the left anterolateral thigh and calf. The provider reviewed a lumbar CT scan dated 6-12-14 noting multiple levels of surgical changes along with spinal stenosis. The PR-2 note dated 6-8-15 indicated the same to similar complaints, pain levels, medications and examination. This included the prescription for Terocin Patches #30. A Request for Authorization is dated 9-22-15. A Utilization Review letter is dated 9-15-15 and non- certification for Terocin Patches #30. A request for authorization has been received for Terocin Patches #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patches #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:** Per manufacturer's information, Terocin Patch is a combination topical analgesic with active ingredients that include menthol 4%, and lidocaine 4%. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The MTUS Guidelines recommend the use of topical lidocaine primarily for peripheral neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is not recommended for non-neuropathic or muscular pain. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. There is no indication that the injured worker has had a trial with and/or failed with antidepressants or anticonvulsants. The request for Terocin Patches #30 is not medically necessary.