

<b>Case Number:</b>	CM15-0190684		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	02/03/2014
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: 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 47 year old male, who sustained an industrial injury on 2-3-2014. The injured worker is undergoing treatment for lumbar strain-sprain. Medical records dated 6-11-2015 indicate the injured worker complains of back pain. He reports Tramadol helps reduce the pain from 7 out of 10 to 3 out of 10. Physical exam dated 6-11-2015 notes decreased lumbar range of motion (ROM). Treatment to date has included magnetic resonance imaging (MRI) on 4-2-2014 indicating disc bulge, X-rays, physical therapy, electromyogram, nerve conduction study and medication. On exam dated 6-11-2015 the treating physician indicates "oral nonsteroidal anti-inflammatory drug (NSAID) and physical therapy up to 12 additional sessions are the preferred treatment of choice." The original utilization review dated 9-14-2015 indicates the request for Terocin patches 3 boxes is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patches 3 boxes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter (Online Version) Topical Analgesics.

**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. In this case, there is no evidence that the injured worker has attempted a trial of anticonvulsants or antidepressants and failed, therefore, the request for Terocin patches 3 boxes is not medically necessary.