

<b>Case Number:</b>	CM15-0208975		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	12/23/2013
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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:

The injured worker (IW) is a 66 year old male, who sustained an industrial injury on 12-23-2013. The injured worker is being treated for right shoulder strain Treatment to date has included diagnostics, surgical intervention (cervical fusion), medications, physical therapy and injections. Computed tomography (CT) scan of the cervical spine dated 7-10-2015 revealed anterior and interbody fusion at C4-6 and prominent posterior osteophytes at C4-5 and C5-6 with moderate bilateral neural foraminal stenosis at C5-6, greater on the right. Per the Primary Treating Physician's Progress Report dated 8-11-2015, the injured worker presented for reevaluation. He had a cortisone injection to the right shoulder on 7-07-2015 which offered symptomatic relief for 3 weeks. He reported that he is not able to comfortable turn his neck because he has marked restriction of right and left lateral cervical spine rotation since undergoing surgery on 6-02-2014. Objective findings of the right upper extremity revealed normal deltoid bulk. He has "excellent functional ranges of motion of his right shoulder, lacking extremes of abduction and internal rotation." His right shoulder strain is resolved and residual symptoms are referred secondary to degenerative disc disease. Per the medical records dated 4-23-2015 to 8-11-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the current treatment. The notes from the provider do not document efficacy of the prescribed medications. The IW last worked on 1-09-2014. On 10-14-2015, Utilization Review non-certified a request for Terocin patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patches:** Upheld

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

**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). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. Further, Methyl Salicylate is a topical NSAID and may be used for arthritis but the claimant does not have this diagnosis. The claimant was already on oral NSAIDS for several months. Topical NSAIDs can reach systemic levels similar to oral NSAIDS and there is no indication for using both. Any compounded drug that is not recommended is not recommended and therefore Terocin patches are not medically necessary.