

<b>Case Number:</b>	CM15-0212235		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	07/31/2014
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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: New Jersey

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 is a 46-year-old male, who sustained an industrial injury on 7-31-2014. The injured worker was being treated for cervical spine sprain-strain-rule out cervical spine discogenic disease, thoracic spine sprain-strain with stenosis, lumbar spine sprain-strain with radiculitis-lumbar spine disc protrusion, bilateral shoulder sprain-strain with tendinitis and osteoarthritis, right shoulder impingement syndrome, bilateral hip sprain-strain, bilateral knee sprain-strain and internal derangement, and sleep disturbance secondary to pain. Treatment to date has included diagnostics, viscosupplementation, chiropractic, and medications. On 10-05-2015, the injured worker complains of neck pain with radiation in the pattern of bilateral C5 and C6 dermatomes, pain in the low back with radiation in the pattern of bilateral L4 dermatomes, and pain in his mid-upper back, bilateral shoulders, bilateral hips, and bilateral knees. Neck pain was rated 7 out of 10 ("decreased" from 8 last visit), 7 out of 10 in the mid-upper back and bilateral hips ("remained the same" since last visit), and 8 out of 10 in the low back, bilateral shoulders and bilateral knees ("remained the same" since last visit). Exam of the cervical spine noted tenderness to palpation over the paraspinal muscles, spasm, restricted range of motion, and positive cervical compression test. Exam of the thoracic spine noted tenderness to palpation over the paraspinal muscles, spasm, and restricted range of motion. Exam of the lumbar spine noted tenderness to palpation over the paraspinal muscles, spasm, and positive straight leg raise bilaterally. Exam of the bilateral shoulders and bilateral hips noted tenderness to palpation and restricted range of motion. Exam of the bilateral knees noted tenderness to palpation and restricted range of motion on the right. Current medication regimen was not described. He was

prescribed Norco and "new" Terocin topical pain relief. Failed medication was not described. Work status was total temporary disability. On 10-12-2015 Utilization Review non-certified a request for Terocin 4% #30-30 with 0 refills.

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

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

**Terocin 4 Percent, #30/30 with 0 Refills:** 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 patches contain both lidocaine and menthol. The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was no record of having used and failed first-line therapy for the suspected neuropathic pain before considering topical lidocaine to help treat it. Therefore, without fulfilling these criteria, the Terocin patches will be considered medically unnecessary at this time.