

<b>Case Number:</b>	CM15-0212651		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	04/13/2015
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/30/2015
<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: 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 38 year old male, who sustained an industrial injury on 04-13-2015. He has reported injury to the right chest wall, rib, and thoracic spine. The diagnoses have included pain in thoracic spine; closed fracture of one rib; sprains and strains of shoulder and upper arm. Treatment to date has included medications, diagnostics, activity modification, and chiropractic therapy. Medications have included Terocin patch. A progress report from the treating physician, dated 09-16-2015, documented an evaluation with the injured worker. The injured worker reported ongoing rib area pain, and bilateral scapular area pain; he has a sense of "fatigue and weakness" in his upper torso; he underwent approximately 10 sessions of chiropractic treatment with no relief of pain; and he denies shortness of breath. Objective findings included he is alert, oriented times three, and in no acute distress; on exam of the thoracic spine paravertebral muscles, spasm, tenderness, tight muscle band, and trigger point are noted on both the sides; spinous process tenderness is noted on T2; tenderness noted at fifth and sixth costochondral joints, T3, T4, and T5; on palpation of both shoulders, tenderness is noted in the periscapular muscles; tenderness is noted in the rhomboids; and tenderness is noted in the trapezius. The provider noted that the purpose of the Terocin patch "is to reduce pain without oral medication use and improve function"; "(the injured worker) prefers not to use oral medications but does require pain management"; and "he has neuropathic pain which according to the MTUS guidelines make him a candidate to use of topical analgesic". The treatment plan has included the request for Terocin patch 4% 12 hours on, 12 hours off. The original utilization review, dated 09-30-2015, non-certified the request for Terocin patch 4% 12 hours on, 12 hours off.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patch 4% 12 hours on/12 hours off:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG), Pain, Lidoderm patches.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics, Lidoderm (lidocaine patch).

**Decision rationale:** The claimant sustained a work injury in April 2015 when, while working as [REDACTED], he slipped and fell from a step ladder with injury to the mid back and chest and a right 10th rib fracture. Treatment included chiropractic care without pain relief. He was seen for an initial evaluation in September 2015. He was having ongoing rib pain and bilateral scapular pain. Physical examination findings included normal body mass index. He had bilateral thoracic paravertebral tenderness, muscle spasms, and trigger points. There was spinous process tenderness and tenderness at the cost of condyle joints. There was periscapular and rhomboid and trapezius muscle tenderness. There was a normal neurological examination. Authorization for six acupuncture treatments was requested. Terocin patches were prescribed. 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 antiepilepsy drug such as gabapentin or Lyrica. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as [REDACTED]. 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 in a non patch formulation with generic availability that could be considered. This medication is not medically necessary.