

<b>Case Number:</b>	CM15-0213417		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	09/12/2007
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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 52 year old female injured worker suffered an industrial injury on 9-12-2007. The diagnoses included lumbago and lumbar spondylolisthesis with right radiculopathy. On 9-9-2015 the provider reported severe low back pain with radiculopathy. Medications in use were Ibuprofen and Tramadol. On exam there was significant difficulty going from seated to standing position. She had muscle guarding and tenderness with limited range of motion. The right straight leg raise was positive. The provider noted he was able to feel the spondylolisthesis of the lumbar spine. He reported the left sacroiliac joint was locked up. She had radiation of pain down both lower extremities. The injured worker requested Terocin patches to help relieve the pain at night so she can sleep at night. There was no evidence of objective evidence of benefit of pain reduction and functional improvement with the requested treatment. Utilization Review on 10-7-2015 determined non-certification Retro: Terocin Patches #30, 9-9-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Terocin Patches #30:** 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:** 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. 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 antidepressant 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. In this case, there is no diagnosis of post-herpetic neuralgia and no evidence of a failure with antidepressant and anticonvulsants. The request for retro: Terocin patches #30 is not medically necessary.