

<b>Case Number:</b>	CM15-0217556		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	09/05/2002
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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: Emergency 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 61 year old female, who sustained an industrial injury on 9-5-2002. The injured worker was being treated for lumbar spine degenerative disc disease with chronic myofascial pain syndrome and chronic multifactorial (including osteoarthritis of the talocalcaneal and posterior subtalar joints) left ankle pain. The injured worker (3-10-2015 and 4-21-2015) reported ongoing low back and left ankle pain. The physical exam (3-10-2015 and 4-21-2015) revealed decreased range of motion and tenderness, but the physical exam was not otherwise specific. The physical exam (8-7-2015) revealed improved lumbar spine range of motion and mild straightening of the normal lordotic curvature due to mild spasm in the lumbar spine. The treating physician noted normal left ankle range of motion with pain at the end points of range of motion, mild crepitus, and slight tenderness at the inferior aspect of the lateral malleolus. The medical records (3-10-2015, 4-21-2015, and 8-7-2015) did not include documentation of the subjective pain ratings. Treatment has included a lumbar epidural steroid injection, a lumbar-sacral orthosis brace for work and during strenuous activity, antiemetic medication, and topical pain medication (Terocin patch since at least 2015). Per the treating physician (8-7-2015 report), the injured worker has not returned to work. The requested treatments included retrospective Terocin patches (DOS: 9-10-2015). On 10-22-2015, the original utilization review non-certified a retrospective request for Terocin patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Terocin Patches quantity 30 DOS 9-10-15: 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:** The requested product is a patch composed of multiple medications. As per MTUS guidelines, "Any compounded product that contain one drug or drug class that is not recommended is not recommended." Terocin contains capsaicin, Lidocaine, Methyl Salicylate and Menthol. 1) Capsaicin: Data shows efficacy in muscular skeletal and neuropathic pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure. Ongoing use of Terocin has not decreased pain and reduced medication use. It is not recommended due to no documentation of prior treatment failure or effectiveness. 2) Lidocaine: Topical Lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of failure with a 1st line agent or any documentation of neuropathic pain. It is therefore not recommended. 3) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. It has no benefit for shoulder or spinal pain. Patient is taking it chronically. Medically not recommended. 4) Menthol: There is no data on Menthol in the MTUS. All components are not recommended, the combination medication Terocin Lidocaine patch, as per MTUS guidelines, is not recommended. Therefore, the request for Retrospective Terocin Patches quantity 30 DOS 9-10-15 is not medically necessary.