

<b>Case Number:</b>	CM15-0045609		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	07/25/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Montana

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 injured worker is a 41-year-old male who sustained an industrial injury on 07/25/2011. Current diagnoses include right fifth metacarpal neck fracture, displaced, healed, right small finger metacarpal non-union, status post osteotomy and distal radial bone grafting, and status post plate removal and small finger extensor tenolysis. Previous treatments included medication management, injections, and surgery. Diagnostic studies included x-rays of the right hand and left foot. Initial complaints included a fracture of the right fifth finger. Report dated 01/20/2015 noted that the injured worker presented with complaints that included right hand pain, swelling, and weakness. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included recommendation to proceed with another stellate ganglion block, return following the block for evaluation, and dispensed Terocin patches to help control pain. Disputed treatment includes Terocin patch unspecified quantity DOS 1/20/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patch unspecified quantity DOS 1/20/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**Decision rationale:** Terocin is a combination medication containing methyl salicylate, lidocaine, capsaicin and menthol. The MTUS notes that use of topical analgesics is largely experimental with few trials to determine efficacy or safety. Specifically, topical lidocaine is recommended only for neuropathic pain after a trial of first-line therapy. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Methyl salicylate is a volatile oil with a characteristic wintergreen odor and taste, used as a flavoring agent and as a topical counterirritant for muscle pain. The salicylate component is an ant-inflammatory agent. Topical nonsteroidal anti-inflammatory agents have shown inconsistent efficacy in clinical trials with most studies being small and of short duration. The use of menthol is not supported in the MTUS. The MTUS does state that if a compounded product contains at least one component that is not recommended, the compounded treatment itself is not recommended. As such the request for Terocin Patch unspecified quantity DOS 1/20/2015 is not medically necessary.