

<b>Case Number:</b>	CM15-0051377		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	06/26/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 53 year old female, who sustained an industrial injury on 6/26/12. She reported initial complaints involving her wrist, elbows, shoulders and neck. The injured worker was diagnosed as having cervical strain; cervical disc degeneration disease; rotator cuff tendonitis-bursitis; bilateral elbow strain; bilateral epicondylitis; right wrist strain. Treatment to date has included EMG/NCV left upper extremity (7/5/12); CT neck and chest and abdomen (10/3/12); MRI cervical spine (5/20/13); Cervical epidural steroid injection - benefit of 2-3 weeks (7/21/14); physical therapy. Currently, the PR-2 notes dated 2/26/15, the injured worker continues to improve but complains of cervical spine pain that radiates to the bilateral upper extremities with paresthesia (right being worse than left); bilateral shoulder pain with difficulty in range of motion/overhead movements. There are also complaints notes of elbow and forearm pain. The provider's treatment plan included Tylenol #3 and ibuprofen 600 #60. The Terocin Patch #10 is being disputed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patch #10:** Upheld

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

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

**Decision rationale:** Terocin lotion is formed by the combination of methyl salicylate, capsaicin, and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin patch contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. The patient previously used Terocin which was stopped because of lack of efficacy. Based on the above Terocin patches is not medically necessary.