

<b>Case Number:</b>	CM15-0060327		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 58 year old female, who sustained an industrial injury on September 16, 2013. She reported low back pain radiating down her right leg. The injured worker was diagnosed as having myofascial pain syndrome, lumbar spine strain and lumbosacral radiculopathy. Patient is post L4-5 laminectomy with microdiscectomy on 6/30/14. Treatment to date has included diagnostic studies, surgery, physical therapy, epidural steroid injection, chiropractic treatment and medications. On 2/12/15 the injured worker complained of continued mild pain in her back and some numbness of the right leg. However, symptoms are improved and patient is able to work. Pt has reportedly returned to full duties with current medications. Letter of appeal dated 3/18/15 reports that Terocin patch was added on to Neurontin therapy and it "helped" patient. Patient is not interested in surgery or opioid medications. Current medications listed include Naprosyn, Omeprazole, Neurontin and Terocin patch. Patient may also be on flexeril. The treatment plan included medications and Terocin patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600 MG By Mouth TID #300 with 1 Refill: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs(AEDs) Page(s): 18-19.

**Decision rationale:** Gabapentin(Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. Pt has been on this medication chronically. There is appropriate documentation of objective improvement. Patient has decreased pain and is now back to full work duties. Continued use of Neurontin is medically necessary.

**Terocin Patch #10:** 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): 111-113.

**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 pain and may be considered if conventional therapy is ineffective. There is some documentation of treatment failure from provided progress notes. Ongoing use of Terocin has reportedly decreased pain and reduced medication use. It is recommended. 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 and failure of 1st line agents. There is no documentation of a failure of trial with a 1st line agents. Patient is noted to be on gabapentin but multiple other 1st line agents are still available. It is therefore not recommended. 3) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There may be some utility for patient's pain but patient is taking it chronically which is not recommended. Medically not recommended. 4) Menthol: There is no data on Menthol in the MTUS. May have some topical soothing effect. While certain components of this patch may be beneficial to the patient, the combination medications found in Terocin is not recommended since as per MTUS guidelines, even if one component is not recommended, the entire combination is not recommended. The request is not medically necessary.