

<b>Case Number:</b>	CM15-0087907		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	06/29/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Connecticut, California, Virginia

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 female who sustained a work related injury June 29, 2014. Past history included DeQuervain's tenosynovitis surgery; left ankle surgery, asthma, and migraines. According to a treating physician's progress report, dated March 24, 2015, the injured worker continues to have complaints of left shoulder and neck pain, rated 7/10, and described as aching, dull, sharp, pressure, throbbing, and radiating to the neck. There is associated numbness, tingling, and weakness in the upper extremities. There are also complaints of occipital headaches, rated 7/10. She is able to walk three blocks, sit and stand for three hours. Medical treatment to date included 6 sessions of physical therapy, use of a TENS unit, 5 sessions of acupuncture, use of heat and ice, which were all effective. Current medication included Protonix, Albuterol, Percocet, Qvar, Zanaflex, and Zofran. Diagnoses documented as; pain in joint of shoulder; cervical disc displacement without myelopathy; cervicgia; brachial neuritis or radiculitis not otherwise specified; chronic pain syndrome. Treatment plan includes schedule acupuncture and at issue, a request for Terocin Patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patch 4-4 Percent #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, topical analgesics Page(s): 56-57, 111.

**Decision rationale:** The MTUS guidelines on Topical Analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Topical lidocaine for localized peripheral pain after trials of first line therapies to include tricyclics/SNRIs or AEDs such as gabapentin, etc. may be considered in patch formulation. Topical lidocaine is not considered appropriate as a first-line treatment, and lidocaine is not recommended as a topical lotion or gel for neuropathic pain, categorizing the requested patch as not recommended by the guidelines. The lack of evidence to support use of topical compounds like the one requested makes the requested treatment not medically indicated per the MTUS.