

<b>Case Number:</b>	CM15-0231421		
<b>Date Assigned:</b>	12/07/2015	<b>Date of Injury:</b>	04/17/2001
<b>Decision Date:</b>	01/12/2016	<b>UR Denial Date:</b>	11/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 year old female, who sustained an industrial injury on April 17, 2001, incurring right upper extremity, right elbow and right hand and fingers injuries. She was diagnosed with right lateral epicondylitis, trigger fingers of the right hand and right extensor tendonitis. Treatment included home exercise program, physical therapy, which helped with range of motion, acupuncture that gave no relief, spinal cord stimulator, pain medications, topical analgesic patches, anti-inflammatory drugs, muscle relaxants, antidepressants, neuropathic medications, nerve blocks and activity restrictions. Currently, the injured worker complained of persistent upper extremity pain with limited range of motion. She rated her pain 8 out of 10 with use of medications. She noted increased depression with over 15 years of constant pain. The continued use of her medications allowed her to perform activities of daily living and socialization with her family and improvement with her pain greater than 50%. She noted her neuropathic medications were ineffective and requested prescriptions for topical analgesic patches. She was diagnosed with chronic regional pain syndrome of the right upper extremity. The treatment plan that was requested for authorization included a prescription for Terocin Patches. On November 12, 2015, a request for a prescription for Terocin patches was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Terocin Patches: 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 has a remote history of a work injury occurring in April 2001 and continues to be treated for chronic pain including a diagnosis of left greater than right upper extremity CRPS. She has a spinal cord stimulator and medications include opioid which have been weaned to a total MED (morphine equivalent dose) of 210 mg per day. When seen in October 2015 she had a significant increase in neuropathic left arm pain when her Keppra not been filled. Physical examination findings included being overweight. Her left arm was wrapped in a towel inside her brace and she was resting it on a pillow. Psychological testing showed findings consistent with severe depression. Recommendations included weight loss and a continued home exercise program. Medications were continued including Terocin. Ibuprofen was also being prescribed. Terocin contains methyl salicylate, capsaicin, menthol, and lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with a tricyclic or SNRI anti-depressant or an antiepilepsy drug such as gabapentin or Lyrica. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin, which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments in a non-patch formulation with generic availability that could be considered. Oral ibuprofen is also being prescribed and prescribing a topical medication also containing an NSAID is duplicative. This medication is not medically necessary.