

<b>Case Number:</b>	CM14-0110853		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	03/29/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 55-year-old female who reported an injury after performing her usual and customary duties as a laundry attendant on 03/29/2012. The clinical note dated 05/12/2014 indicated diagnoses of lumbar musculoligamentous injury, lumbar paraspinal muscle spasm, lumbar disc herniations, lumbar radiculitis/radiculopathy of the lower extremities and sacroiliitis of the right sacroiliac joint. The injured worker reported moderate to severe low back pain with severe muscle spasms and progressive limited range of motion to the lumbar spine. The injured worker reported her pain as 8/10 with flare ups. The injured worker reported the pain radiated to the bilateral legs associated with tingling and numbness as well as weakness and increasing severity and intensity. On physical examination, the injured worker had a positive Gaenslen's and Patrick/faber test. The injured worker's sacroiliac joint thrust was severely positive. Pain was noticed while standing, climbing, or standing up from a sitting position without the aid of the upper torso. There was tenderness to palpation of the lumbar spinous process at levels of L4-5 and L5-S1 with severe pain that radiated to corresponding dermatomes in the bilateral legs. The injured worker reported she had received physical therapy and acupuncture treatments with limited improvement. The injured worker had marked stiffness in the bilateral hips and knees with low back pain throughout the arc of motion. The injured worker's treatment plan included authorization for bilateral transforaminal lumbar epidural steroid injection and authorization for first right sacroiliac joint injection under fluoroscopy guidance. The injured worker's prior treatments included diagnostic imaging, physical therapy, acupuncture, and medication management. The injured worker's medication regimen was not provided for review. The provider submitted a request for the Terocin patch. A Request for Authorization dated 06/13/2014 was submitted; however, the rationale was not provided for review.

## 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.

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

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The Terocin patch contains methyl salicylates, capsaicin, menthol and lidocaine. The guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. The guidelines also indicate topical lidocaine, in the formulation of a dermal patch (Lidoderm), has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. It was not indicated the injured worker had tried and failed antidepressants and anticonvulsants. In addition, there is lack of evidence in the documentation to indicate the injured worker had postherpetic neuralgia, diabetic neuropathy or postmastectomy pain to warrant the use of capsaicin. In addition, the guidelines only recommend lidocaine in the formulation of the dermal patch Lidoderm. The requested medication contains at least one drug that is not recommended for topical application; therefore, use of Terocin patches is not supported. Furthermore, the request does not indicate a dosage or frequency. Additionally, the provider did not indicate a rationale for the request. Therefore, the request for Terocin Patch # 10 is not medically necessary.