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| <b>Case Number:</b>   | CM14-0121632 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 04/23/2003 |
| <b>Decision Date:</b> | 10/22/2014   | <b>UR Denial Date:</b>       | 07/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/01/2014 |

### 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 and Rehabilitation, has a subspecialty in Pain Medicine, 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 70-year-old male who was reportedly injured on April 23, 2003. The most recent progress note dated July 16, 2014, indicates that there were ongoing complaints of low back pain, noted to be 8/10. The physical examination demonstrated a 5'5", 135 pound individual who is borderline hypertensive (135/77) and noted to be in no acute distress. There was tenderness to palpation at lumbar spine, and he has mildly reduced range of motion and tenderness and left lower extremity. Diagnostic imaging studies were not part of this narrative. Previous treatment includes multiple medications, physical therapy, and other pain management interventions. A request had been made for Terocin patches and was not certified in the pre-authorization process on July 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patches 4%-4% #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112 of 127..

**Decision rationale:** Terocin is a topical analgesic containing Lidocaine and Menthol. MTUS guidelines support topical Lidocaine as a secondary option for neuropathic pain after a trial of an antiepileptic drug or anti-depressants have failed. There is no evidence-based recommendation or support for Menthol. MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". As such, this request is considered not medically necessary.