

<b>Case Number:</b>	CM14-0122192		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/28/2010
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Occupational 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 female with date of injury 2/28/2010. Per secondary treating physician's progress report dated 5/7/2014, the injured worker complains of low back pain and discomfort. Pain level is 7-8/10 and decreases to 1-2/10 after medication. He further states pain travels down both butt regions. He complains of left hip pain and discomfort. Pain level is 9/10 and 3-4/10 with medication. He has difficulty sleeping at night due to pain and discomfort. On examination BP 136/95, P 81, Jamar on right is 50, 50, 50 and on left is 40, 40, 40. Lumbar spine has a well healed incision scar noted of the lumbar spine, +2 tenderness of the paralumbar muscles with associated myospasm. There is decreased range of motion with flexion, extension, right and left lateral flexion. Left hip has +1 tenderness of the trochanteric bursae region and decreased range of motion in all directions. Diagnoses include 1) lumbar disc bulge 2) lumbar radiculopathy 3) internal derangement left hip 4) insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patch (frequency and quantity unspecified) for the management of symptoms related to the lumbar spine.:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill 2006, Physician's Desk Reference, 68th ed; www.RXList.com; Official Disability Guideline Workers Compensation Drug Formulary,

[www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm).[drugs.com](http://drugs.com); Epocrates Online, [www.online.epocrates.com](http://www.online.epocrates.com); Monthly Prescribing Reference, [www.empr.com](http://www.empr.com). Opioid Dose calculator - AMDD Agency Medical Directors' Group Dose Calculator, [www.agencymeddirectors.wa.gov](http://www.agencymeddirectors.wa.gov).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin section, Salicylate Topicals section, Topical Analgesics section Page(s): 28,104, 111-113.

**Decision rationale:** The claims administrator recommended discontinuation as the medication is indicated for temporary relief of mild aches and pains of muscles or joints, and the medical records does not document mild aches and pains of muscles or joints. Per the manufacturer's information, Terocin patch is a combination topical analgesic with active ingredients that include capsaicin 0.025%, menthol 10%, Lidocaine 2.5% and methyl salicylate 25%. The MTUS Guidelines do recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indications that this increase over a 0.025% formulation would provide any further efficacy. Per the MTUS Guidelines, topical lidocaine in the form of a dermal patch has been designated by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and antipruritics. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. Menthol is not addressed by the guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Terocin patch may be an appropriate treatment for this injured worker, however, there is no information regarding the frequency of use or the quantity specified. Without these details, medical necessity is not established by the requesting physician. The request for Terocin patch (frequency and quantity unspecified) for the management of symptoms related to the lumbar spine is determined to not be medically necessary.