

<b>Case Number:</b>	CM14-0124349		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	04/29/2010
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 request for independent medical review was signed on August 6, 2014. It was for generic prescription drugs. It mentions a Terocin patch duration and frequency unknown dispensed on May 13, 2014. Per the records provided, the claimant is a 32-year-old man who sustained an injury back in the year 2010. He was accidentally run over by a paving grinder which crushes concrete from the foot to the pelvis. He had undergone many surgeries and ongoing wound care and had issues with healing. He still had an open wound that was treated by a plastic surgeon. He had ankle contracture and a distal. No other physical exam was documented. There is no mention of what the past experience with this medicine was or if it had been effective in improving pain levels and/or function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patch for date of service 5/13/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105. Decision based on Non-MTUS Citation Official Disability guidelines

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

**Decision rationale:** Per the PDR, Terocin is a topical agent that contains: Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The MTUS Chronic Pain section notes: Salicylate topicals-Recommended- Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Recommended primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. These agents however are all over the counter; the need for a prescription combination is not validated. The request for Terocin patch for date of service 5/13/14 is not medically necessary.