

<b>Case Number:</b>	CM14-0129591		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	01/10/2014
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 39 year old female who was injured on 1/10/2014. The diagnoses are cervicgia, neck and right shoulder pain. [REDACTED] noted objective findings tenderness of the cervical spine and right shoulder with decreased range of motion. The MRI of the cervical spine showed straightening of normal cervical lordosis consistent of muscle spasm. The MRI of the right shoulder showed acromioclavicular osteoarthritis and tendinitis. The patient completed PT but did not observe any beneficial effect. The medications are ibuprofen, tramadol and topical Terocin patch for pain. The patient reported non intolerable drowsiness with the use of Flexeril. A Utilization Review determination was rendered on 7/18/2014 recommending non certification of Terocin patch #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patches #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS recommend that compound topical preparations can be utilized for the treatment of localized neuropathic pain that did not respond to standard treatment with anticonvulsant and antidepressant medications. It is advised that the topical analgesic should be tried individually for effective evaluation of efficacy and side effects. The record did not show that the patient was diagnosed with localized neuropathic pain. There was no documentation of failure of the first line medications. The Terocin patch contains menthol 10%/lidocaine 2.5%/capsaicin 0.025%/methyl salicylate 25%. There is lack of guidelines or FDA support for the chronic use of menthol or methyl salicylate in the treatment of chronic musculoskeletal pain. The criteria for the use of Terocin patch #30 was not met.