

<b>Case Number:</b>	CM14-0138969		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/09/1994
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Management 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:

According to the records made available for review, this is a 62-year-old female with a 10/9/94 date of injury. At the time (7/24/14) of the request for authorization for Terocin Patch (10 patches) with 2 refills, there is documentation of subjective (ongoing neck, mid and low back pain) and objective (moderate tenderness to palpation of the cervical, thoracic, and lumbar spine with bilateral paraspinal muscle tenderness; decreased range of motion in all planes of the cervical and lumbar spines; decreased strength of 5-/5 on the left EHL; decreased sensation to the left L4 through S1 dermatomes to pinprick) findings. The current diagnoses are chronic neck, mid back and low back myofascial pain; HNP of the cervical spine; and status post low back surgery in 1998. The treatment to date includes medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patch (10 patches) with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Indication Page(s): 111-112.

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

**Decision rationale:** Terocin patch contains ingredients that include Lidocaine and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of right hallux rigidus. However, Terocin contains at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Terocin Patch (10 patches) with 2 refills is not medically necessary.