

<b>Case Number:</b>	CM14-0141859		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/16/1999
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 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 injured worker is a 56-year-old female who reported an injury of unknown mechanism on 05/16/1999. On 08/06/2014, her diagnoses included complex regional pain syndrome (CRPS), knee enthesopathy, peripheral neuropathy, postphlebotic syndrome with inflammation, and chronic left knee pain status post left TKA. Her complaints included persistent pain to the left lower extremity. It was noted that her pain was being effectively managed with her current medication regimen. Her medications included Neurontin 600 mg, Zanaflex 4 mg, Oxycodone 20 mg, Lidoderm 5% patch, Celebrex 200 mg, Zofran 4 mg, Methoderm gel, Terocin patches, Skelaxin 800 mg, OxyContin ER 15 mg, and Flexeril 10 mg. There was no rationale included in this injured worker's chart. A Request for Authorization dated 08/13/2014 was included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patches- Menthol 4%, lidocaine 4% apply twice a day as needed 3 month supply 9 boxes-90 patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 112.

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

**Decision rationale:** The request for Terocin patches- Menthol 4%, lidocaine 4% apply twice a day as needed 3 month supply 9 boxes-90 patches is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. Many agents are compounded for pain control, including local anesthetics. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The only form of FDA approved topical application of lidocaine, is the 5% transdermal patch for neuropathic pain. The guidelines do not support the use of this compounded patch. Additionally, the body part or parts that were to have been treated were not specified in the request. Therefore, this request for Terocin patches- Menthol 4%, lidocaine 4% apply twice a day as needed 3 month supply 9 boxes-90 patches is not medically necessary.

**Menthoderm gel-camphor .30% Menthol 2.50% apply 4 times a day as needed 3 month supply, 3 boxes-6 bottles 720 ml:** Upheld

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

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

**Decision rationale:** The request for Menthoderm gel-camphor .30% Menthol 2.50% apply 4 times a day as needed 3 month supply, 3 boxes-6 bottles 720 ml is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. Many agents are compounded for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines do not support the use of this compounded cream. Additionally, the body part or parts to have been treated were not included in the request. Therefore, this request for Menthoderm gel-camphor .30% Menthol 2.50% apply 4 times a day as needed 3 month supply, 3 boxes-6 bottles 720 ml is not medically necessary.