

<b>Case Number:</b>	CM14-0141906		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/02/2014
<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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 46 year old male who sustained an industrial injury on 10/10/12. His truck was pulling to the right causing extra work. His Electromyogram (EMG) and Nerve Conduction Velocity (NCV) Studies one on 11/29/12 showed C5-6 radiculopathy and bilateral carpal tunnel syndrome. Nerve conduction studies done on 08/16/13 revealed diabetic polyneuropathy and carpal tunnel syndrome. He was prescribed Terocin patches on 01/31/14. His medication list was unavailable. His progress note from 04/11/14 was reviewed. His subjective symptoms included severe wrist pain. Examination was positive for tenderness over the right wrist, positive Finkelstein's test and tenderness at first dorsal compartment. His diagnoses included bilateral carpal tunnel syndrome, thoracic spine strain/sprain, cervical spine radiculopathy, bilateral shoulder sprain/strain and bilateral cubital tunnel. The plan of care included hand surgeon consultation, continuing his medications, shoulder surgeon consultation and Pain management consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Terocin patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Lidocaine Page(s): 112.

**Decision rationale:** The employee was a 46 year old male who sustained an industrial injury on 10/10/12. His truck was pulling to the right causing extra work. His Electromyogram (EMG) and Nerve Conduction Velocity (NCV) Studies done on 11/29/12 showed C5-6 radiculopathy and bilateral carpal tunnel syndrome. Nerve conduction studies done on 08/16/13 revealed diabetic polyneuropathy and carpal tunnel syndrome. He was prescribed Terocin patches on 01/31/14. His medication list was unavailable. His progress note from 04/11/14 was reviewed. His subjective symptoms included severe wrist pain. Examination was positive for tenderness over the right wrist, positive Finkelstein's test and tenderness at first dorsal compartment. His diagnoses included bilateral carpal tunnel syndrome, thoracic spine strain/sprain, cervical spine radiculopathy, bilateral shoulder sprain/strain and bilateral cubital tunnel. The plan of care included hand surgeon consultation, continuing his medications, shoulder surgeon consultation and Pain management consultation. According to The California Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin has Menthol and Lidocaine 4%. Topical Lidocaine is recommended for neuropathic pain after there has been evidence of a trial of first line therapy with anti-depressants or anti epileptic drugs. Formulations that do not involve a dermal patch system, like Lidoderm patch, are generally indicated as local anesthetics and anti pruritics. In addition, there is not enough documentation that pain is not responding to first line medications. Hence Terocin patches are not medically necessary or appropriate.