

<b>Case Number:</b>	CM14-0149673		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/20/1998
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	08/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 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 injured worker (IW) is a 76-year-old woman with a date of injury of November 20, 1998. The mechanism of injury was not documented in the medical record. Pursuant to the progress note dated August 22, 2014, the IW was being treated for moderate to severe right knee pain with profound limitations. Her pain was relieved by aqua therapy and medications. She reported 20% pain relief and increased stability and flexibility in her knees since starting the aqua therapy. Orthopedic examination documentation reflected the following: General appearance: WN/WD, good grooming and personal hygiene. Mental status normal mood and affect. A&O X3. The IW was diagnosed with Fibromyalgia, left lateral meniscus tear, arthritis in the hand, bilateral impingement syndrome, bilateral carpal tunnel syndrome, and bilateral lateral epicondylitis. Relevant current medications include Terocin patch, Trazadone, Celebrex, and Lyrica. The Terocin patches were first prescribed July 24, 2014. Treatment plan includes medications, and continue aqua therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patch #30 with 1 Refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin patch is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Terocin contains Capsaicin, lidocaine, menthol and salicylate. Menthol is not recommended. In this case, the treating physician requested Terocin patch. Menthol is not recommended. Any compounded product that contains at least one drug (menthol) is not recommended, is not recommended. Consequently, Terocin patch is not recommended.