

<b>Case Number:</b>	CM14-0162181		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	01/30/2012
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 60-year-old female who reported an injury on 01/30/2012. The mechanism of injury was not provided for this review. The injured worker's treatment history included EMG/NCV studies, x-rays, MRI, medications, topical medications, and physical therapy. The injured worker was evaluated on 09/11/2014 and it was documented that the injured worker complained of neck pain. The provider documented that Terocin has been shown to be too extremely effective in regards to the reduction the injured worker's neck pain. It was documented that with the use of Terocin, the injured worker was able to perform increased activities of daily living. Terocin allowed the injured worker to obtain an improved state of functional capacity. Objective findings revealed neck spasms. Medications included tramadol 150 mg and Terocin patches. Diagnoses include myofascial pain disorder, chronic cervical spondylosis, and carpal tunnel syndrome. Request for Authorization form was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patch #40:** 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 Salicylate , Topical Analgesic, Lidocaine Page(s): 105, 111, 112.

**Decision rationale:** The requested is not medically necessary. California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety 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. The California MTUS guidelines indicate that topical Lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. The documentation submitted failed to indicate the injured worker failing antidepressants and anticonvulsants. Additionally, the provider failed to indicate body location where Terocin patches are required for the injured worker. The request that was submitted failed to include frequency and duration of medication. As such, the request for Terocin patch #40 is not medically necessary.