

<b>Case Number:</b>	CM14-0190122		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Emergency 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 is a 32-year-old female who reported an injury on 08/01/2013 due to an unknown mechanism. Examination on 10/14/2014 revealed complaints of burning neck pain that was rated a 7/10 on the pain analog scale. There were complaints of burning bilateral shoulders pain rated at 7/10, complaints of burning left wrist/hand pain rated at 7/10, and complaints of burning low back pain that was rated a 7/10 on the pain analog scale. The patient reported that the medications do offer temporary relief and improve her ability to have restful sleep. Examination of the cervical spine revealed tenderness to palpation of the suboccipital region, as well as over both scalene and trapezius muscles. There was tenderness at the deltopectoral groove and at the insertion of the supraspinatus muscle. There was tenderness to palpation over the carpal bones and over the thenar and hypothenar eminence. There was palpable tenderness over the lumbar spine with spasms noted in the paraspinal muscles and over the lumbosacral junction. Straight leg raise was positive bilaterally at 45 degrees. The treatment plan was to continue with the current medication regimen and to undergo a course of physiotherapy. Medications were reported as deprizine, dicopanol, Fanatrex, Synapryn, Tabradol, cyclobenzaprine, and ketoprofen cream. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics, Lidocaine Page(s): 105, 111, 112.

**Decision rationale:** The decision for Terocin patches is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drugs class) that is not recommended, is not recommended. The 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 (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. The clinical documentation that was submitted for review does not indicate evidence of a trial of first line therapy for a tricyclic or an SNRI antidepressant or an AED such as gabapentin or Lyrica. The guidelines also indicate that topical lidocaine is recommended for localized peripheral pain. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical documentation does not indicate that the injured worker had a trial of antidepressants and anticonvulsants that have failed. There were no other significant factors provided to justify the use outside of current guidelines. The request does not indicate a frequency or quantity for this medication. Therefore, this request is not medically necessary.