

<b>Case Number:</b>	CM14-0213401		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	05/19/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 26 year-old female with an original injury on May 19, 2013. The mechanism of injury occurred while patient was working as a caregiver, an Alzheimer's patient grabbed and twisted her right wrist and thumb, causing acute pain in the right wrist. The patient was reinjured while assisting a patient recovering from seizure. The industrially related diagnoses are forearm joint pain, status post scapholunate ligament reconstruction, long-term use of pain medication, and wrist sprain/strain. A MRI of the right wrist on June 25, 2013 revealed evidence of partial tear of dorsal aspect of the extensor carpi ulnar tendon and a possible torn scapholunate ligament. Patient underwent right wrist arthroscopic surgery on November 27, 2013. Patient subsequently had 12 postoperative physical therapy sessions, which did not give significant improvement. She also has undergone functional restoration program on June 12, 2014. On November 26, 2014, the patient had right wrist proximal carpectomy and interpositional arthroplasty. The patient's medications include pantoprazole 20 mg, naproxen 250 mg, Norco 5-325 mg, Percocet 10-325 mg, and Percocet 5-325 mg. The disputed issue is the request for Terocin quantity 90 patches. A utilizes a she review on November 21, 2014 has non-certified this request. The rationale for denial was topical alangesic are largely experimental, and primarily recommended for neuropathic pain when a trial of antidepressants and anticonvulsants have failed. The patient is noted to be using Terocin patch for right wrist to help with local pain relief and inflammation not for neuropathic pain as recommended by guidelines. Therefore, this request was denied.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patch Qty: 1.00:** 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 Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Terocin, Terocin is a combination of methyl salicylate, menthol, lidocaine and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The guidelines recommend lidocaine to be used for neuropathic pain after a trial of antidepressants or anticonvulsants have failed. Within this documentation, a progress note on November 19, 2014 indicated patient is taking Terocin patch. There is no documentation of improvement in functional benefit or reduction of pain with the use of this medication. There is no documentation of failed 1st line treatment with anticonvulsants or antidepressants for neuropathic pain. Furthermore there is no identification of neuropathic pain on physical exam or subjective findings. Therefore, this medication is not medically necessary.