

<b>Case Number:</b>	CM14-0217149		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	12/06/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 31-year-old man with a date of injury of December 6, 2012. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervical spine musculoligamentous strain/sprain with radiculitis; rule out cervical spine discogenic disease; thoracic spine musculoligamentous strain/sprain with radiculitis; lumbosacral spine musculoligamentous strain/sprain with radiculitis; and lumbosacral spine disc protrusion, per MRI dated August 6, 2014. Pursuant to the progress report dated October 30, 2014, the IW complains of pain in the neck that radiates in the pattern of bilateral C5 dermatome. He also complains of pain in the mid, upper and lower back. The pain is rated 6/10 per the VAS scale. Examination of the cervical spine reveals grade 2 tenderness to palpation over the paraspinal muscles. Trigger points are present. Topical medications were ordered to minimize the possible neurovascular complications and to avoid complications with the use of narcotic medications. According to a progress note dated August 11, 2014, the IW was taking Tramadol 50mg, and Motrin 800mg. On September 18, 2014, the provider reports in his treatment plan the IW was prescribed topical medications. The name(s) of the medications were not documented. It is unclear if the IW was still taking Tramadol and Motrin. There was no evidence of objective functional improvement with the ongoing use of oral medicals and topical (unknown) medications. According to the October 30, 2014 progress note, the treating physician reports he will prescribe Terocin patches. The current request is for retrospective Terocin patch (Menthol 4%, Lidocaine 4%) #10.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MED Retro Terocin Patch (Menthol 4%, Lidocaine 4%) #10:** 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 Page(s): 111-113. Decision based on Non-MTUS Citation Pain Section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Terocin patch (menthol, lidocaine 4%) #10 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. Topical lidocaine in the formulation of a dermal patch (Lidoderm) is recommended. No other commercially approved topical formulation of lidocaine whether cream, lotion or gel is indicated for neuropathic pain. In this case, the injured worker's working diagnoses are cervical spine musculoligamentous strain/sprain with radiculitis; rule out cervical spine discogenic disease; thoracic spine musculoligamentous strain/sprain with radiculitis; lumbosacral spine musculoligamentous strain/sprain with radiculitis; and lumbosacral spine disc protrusion, per MRI dated August 6, 2014. On September 18, 2014, the provider reports, in his treatment plan, the IW was prescribed topical medications. The name(s) of the medications were not documented. It is unclear if the IW was still taking Tramadol and Motrin. There was no evidence of objective functional improvement with the ongoing use of oral medicines and topical (unknown) medications. According to the October 30, 2014 progress note the treating physician reports he will prescribe Terocin patches. Regardless, there was no documentation of objective functional improvement with the continued use of a topical analgesic. Topical analgesics are largely experimental. Consequently, absent clinical documentation to support the ongoing use of Terocin patches with evidence of objective functional improvement, Terocin patch (menthol, lidocaine 4%) retrospective #10 is not medically necessary.