

<b>Case Number:</b>	CM15-0002408		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	05/17/2013
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 38 year old female, who sustained an industrial injury on 05/17/2013. She has reported subsequent bilateral wrist, hand, neck and shoulder pain. The diagnoses have included right joint pain of the hand, brachial neuritis/radiculitis, repetitive stress injury, myofascial pain, left wrist tear and right shoulder tendinopathy. Treatment to date has included oral pain medication, paraffin bath, application of heat and ice, physical therapy, acupuncture and TENS unit. Currently the Injured Worker complains of continued pain in the wrists, hands, neck and shoulders as well as pain in the thumb area when using her hand. Oral pain medication, paraffin bath and TENS unit have been noted to help reduce pain. The degree of pain was rated as a 7/10. A recent MRI of the right hand was noted as essentially negative except for a slight cystic change in the second metacarpal head laterally with mild joint capsule thickening. Objective physical examination findings were notable for reduced flexion of the thumb and index fingers with painful resisted flexion and extension of the thumb. A request for Terocin was made without an indication as to why the request was made. On 12/12/2014, Utilization Review non-certified a request for Terocin, noting that there was no documentation of intolerance to oral pain medication or that the injured worker needed alternative treatment in the form of a topical analgesic, MTUS Chronic Pain Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin 120 ML:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication includes menthol and methyl salicylate. These are not recommended topical analgesics per the California MTUS. In addition, another ingredient capsaicin is only indicated after the failure of other first line recommendations, which there is no documentation of this failure. Therefore, criteria for the use of this medication have not been met and the request is not certified.