

<b>Case Number:</b>	CM15-0016675		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	10/20/1997
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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 61 year old male, who sustained an industrial injury on 10/20/1997. On 1/29/15, the injured worker submitted an application for IMR for review of Terocin Patches #30. The treating provider has reported the injured worker complained of chronic severe dyspnea on exertion, persistent neck, bilateral shoulders, and left elbow, left wrist pain. The diagnoses have included cervical sprain/radiculitis to left upper extremity and associated headaches, midback sprain related to donor site scar sensitivity, impingement syndrome shoulder right and left with status post decompression, labral tear, rotator cuff tear, biceps tendon release, lateral epicondylitis right, carpal tunnel syndrome right, and right elbow injury resulting in multiple procedures. Treatment to date has included 10 elbow surgeries including two replacement, two shoulder surgeries and left hand surgery, removal of Achilles' tendon allograft for triceps with extensive debridement and sequestrectomies of the distal humerus (7/31/11), I&D left elbow (9/12/11), left elbow debridement, exchange of antibiotic spacer beads (11/5/12). Review notes indicate complicated medical history with multiple severe MRSA infections of left arm prosthesis, and barium swallow/esophagram (9/17/14). On 12/29/14 Utilization Review non-certified Terocin Patches #30. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patches #30:** 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 contains multiple ingredients such as methyl salicylate, which are not recommended for topical use per the California MTUS. When a compound contains one ingredient that is not recommended, the entire compound is not recommended per the California MTUS. Therefore, the request is not certified.