

<b>Case Number:</b>	CM15-0119742		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	01/22/2014
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46 year old male, who sustained an industrial injury on 1/22/14. The diagnoses have included lumbar Herniated Nucleus Pulposus (HNP), headaches, lumbar radiculopathy, bilateral hip sprain/strain, bilateral knee sprain/strain, anxiety disorder, mood disorder sleep disorder and stress. Treatment to date has included medications, activity modifications, diagnostics, chiropractic sessions, shockwave therapy, physical therapy, injections, and home exercise program (HEP). Currently, as per the physician progress note dated 5/29/15, the injured worker complains of headaches and sharp low back pain that radiates down the hips into the left leg with numbness and tingling. He rates the pain 7/10 on pain scale. He also complains of burning bilateral knee pain and chronic pain that has brought on stress, insomnia anxiety and depression. The injured worker states that the medications allow him to have restful sleep and carry on his activities of daily living (ADL). The objective findings reveal tenderness over the lumbar spine and sciatic notch tenderness, there is decreased lumbar range of motion, there is tenderness in the bilateral hamstrings and greater trochanters, there is decreased range of motion in the bilateral hips, there is tenderness to palpation over the bilateral knees, there is decreased range of motion in flexion of the knees bilaterally, and there is slightly decreased sensation to pinprick and light touch at the L4, L5 and S1 dermatomes bilaterally. The current medications included Deprazine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. There is no previous urine drug screen reports noted in the records. The physician requested treatment included 1 month supply of Terocine patches for chronic pain relief.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 month supply of terocine patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

**Decision rationale:** The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswelia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswelia serrata and topical Lidocaine are specifically not recommended per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additionally, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury nor is there any report of acute flare-up, new red-flag conditions, or intolerance to oral medications as the patient continues to be prescribed multiple oral meds. The 1 month supply of terocin patches is not medically necessary and appropriate.