

Case Number:	CM15-0170691		
Date Assigned:	09/11/2015	Date of Injury:	08/10/2007
Decision Date:	10/13/2015	UR Denial Date:	08/01/2015
Priority:	Standard	Application Received:	08/31/2015

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: Arizona, California
 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 was a 56 year old female, who sustained an industrial injury, August 10, 2007. According to progress note of August 1, 2015, the injured worker's chief complaint was right shoulder and lower back pain. The pain radiated into the upper right arm and forearm. The injured worker had previously tries Lidoderm %5 patches and topical LidoPro ointment. The physical exam noted the injured worker walked with an antalgic gait. The lumbar extension was painful. There was bilateral shoulder tenderness. The Hawkin's and Neer's test were positive. The injured worker had chronic intractable pain that required medication. With the current medications the injured worker was able to perform activities of daily living. The Terocin Patches were order due to the injured worker has had gastrointestinal issues in the past with medications. According to the progress note of July 21, 2015, the injured workers pain level was 8 out of 10 with an average of 6 out of 10. The pain was made worse by twisting, turning, bending, increased activity, cold weather, whereas it gets better by taking medications. The injured worker was diagnosed with impingement syndrome of the shoulder, depression due to general medical condition and other affections of shoulder region nec. The injured worker previously received the following treatments Lidoderm patches, LidoPro ointment, on July 25, 2015 the Percocet and Nucynta were discontinued, medial branch block left L4-L5 and L5-S1 with 60-70% relief, medial branch block I on the right L4-L5 and L5-S1 with 80% relief, radiofrequency lesioning right L3, L4, L5 and S1 with 90% relief and radiofrequency lesioning left L3, L4, L5 and S1 with 90% relief, physical therapy, facet joint injections, Norco, Valium. The RFA (request for authorization) dated July 21, 2015, the following treatment was

requested retrospect for Terocin Patches for date of service July 21, 2015. The UR (utilization review board) denied certification on August 1, 2015 of the Terocin Patches. The reason was unclear as to why the new prescription for these patches was being tried when the injured worker had tried Lidocaine patches and LidoPro ointment in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Terocin Patch #30 (DOS 07/21/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Terocin patch contains .025% Capsaicin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, there is no documentation of failure of 1st line medications. The claimant had also used other prior topical agents including Lidocaine. Multiple and chronic use of topical analgesics are not recommended. In addition, other topical formulations of Lidocaine are not approved. Any compounded drug that is not recommended is not recommended and therefore Terocin patches are not medically necessary.