

<b>Case Number:</b>	CM15-0061098		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	06/23/2011
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 is a 28 year old female who sustained an industrial injury on 06/23/2011. Current diagnoses include lumbar radiculopathy and low back pain. Previous treatments included medication management, physical therapy, chiropractic, acupuncture, and epidural injections. Previous diagnostic studies include MRI. Initial complaints included low back pain and left leg pain after lifting an object. Report dated 03/17/2015 noted that the injured worker presented with complaints that included low back pain that comes and goes. Pain level was 5 out of 10 (best), 8 out of 10 (worst), and 7 out of 10 (present) on the visual analog scale (VAS). Current medications include marijuana ointment. Physical examination was positive for abnormal findings. The treatment plan included request for new MRI and request for Terocin patches. The physician noted that the injured worker prefers to not use oral medications, and has neuropathic pain. It was further noted that the purpose of the Terocin patch is to reduce pain without oral medication use and improve function. Disputed treatments include Terocin patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patch 4 Percent #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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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". Terocin lotion is topical pain lotion that contains lidocaine and menthol. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. Additionally, Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The treating physician did not document a trial of first line agents and the objective outcomes of these treatments. MTUS states regarding topical analgesic creams, "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 treating physician has not detailed a diagnosis of post-herpetic neuralgia and fully detailed a trial and failure of first line therapies. In this case, Terocin patches are not indicated. As such, the request for Terocin Patch 4 Percent #30 is not medically necessary.