

<b>Case Number:</b>	CM15-0065588		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	02/08/2007
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: 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 59 year old male, who sustained an industrial injury on 2/8/07. The diagnoses have included cervical strain/sprain, right shoulder sprain/strain, myofascial syndrome, chronic pain related to insomnia, and neuropathic pain. Treatment to date has included medications, diagnostics, physical therapy, conservative measures, activity modifications and home exercise program (HEP). The diagnostic testing included Magnetic Resonance Imaging (MRI) of the cervical spine and electromyography (EMG) /nerve conduction velocity studies (NCV) of the upper extremities. Currently, as per the physician progress note dated 3/5/15, the injured worker complains of neck pain that radiates down the right arm and low back pain. The pain was rated 6/10 on pain scale, the average pain was 7/10 and without medications the pain was rated 8/10. He also reports stress, decreased appetite and loss of weight. The objective findings revealed blood pressure of 199/98, pulse of 102, and weight of 179 pounds. The cervical spine range of motion was globally decreased due to pain and there was point tenderness over the cervical spinous processes. The physician noted that the cervical spine and neck symptoms have been worsening with new symptoms of paresthesias and dysesthesias in the feet. The physician requested treatment included Terocin patches, sixty count to the affected area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patches, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112. Decision based on Non-MTUS Citation drugs.com.

**Decision rationale:** According to drugs.com Terocin patch contains Lidocaine 600mg and Menthol 600mg. According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines state 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records do not establish failure of first line therapy for neuropathic pain. The request for lidocaine in a patch formulation with Menthol is not supported per evidence-based guidelines. The request for Terocin patches, sixty count is not medically necessary and appropriate.