

<b>Case Number:</b>	CM13-0003458		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	01/31/2009
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability evaluation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 55 year old female who was injured during a slip and fall on concrete on 01/31/2009. She injured her right ankle, right wrist and hand, right knee, right shoulder, spinal cord (neck), and right hip. September 9, 2011 X-rays of the pelvis showed normal exam. A MRI of the left shoulder performed on 8/26/2011 indicated a full thickness rotator cuff tear involving supraspinatus tendon, and minimal AC hypertrophy in Type II acromion. The patient stated that she ambulates with a cane and walker, however, use of the devices aggravates her shoulders. Diagnoses include left supraspinatus tear, right lumbar radiculopathy, low back pain, bilateral shoulder impingement, and chronic pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin topical cream 4 oz:** 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): s 111-113.

**Decision rationale:** Terocin lotion is a topical analgesic containing the following active ingredients: Capsaicin, Lidocaine, Menthol and Salicylate. According to the MTUS Chronic Pain

Guidelines, the use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS Chronic Pain Guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is therefore not recommended. The request for topical Terocin topical cream 4oz is not medically necessary and appropriate.