

<b>Case Number:</b>	CM13-0004942		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	08/19/1997
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 patient is a 64 year old female who was injured on 08/19/1997. The mechanism of injury is unknown. Prior treatment history has included Lidoderm patches 5% on for 12 hours and off for 12 hours; and Flexeril 10 mg tid. The progress note dated 06/06/2013 indicates the patient presents with complaints of pain that is slightly moderate. She also states she has pain in the lower back and left leg. She reports that she is doing fairly well. Her pain at rest is rated at 3/10. With her ADL, it increases to 4/10. The NSAID medication is quite helpful in reducing her intermittent lower back pain. She has weakness of the left ankle and foot. She has some numbness and tingling in the left lateral calf, toes, and plantar aspect of the left foot. She has decreased sensation at the left lateral calf and foot. The patient is diagnosed with HNP L4-5 with left sciatica. The treatment and plan includes Terocin lotion 120 unit to lower back twice daily; and physical therapy daily. The progress note dated 03/06/2014 reports the patient complains of minimal pain with tingling in the left foot. The treatment and plan includes Lidoderm 5% patches and home exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN LOTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

**Decision rationale:** This is a request for Terocin lotion (contains methyl salicylate, capsaicin, menthol, and lidocaine) for a 64 year old female with chronic low back pain due to injury on 8/19/97. It was prescribed to apply to the low back twice daily. According to MTUS guidelines, topical analgesics are largely experimental. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of failure of these oral medications in the provided records. Further, Terocin contains methyl salicylate. Topical NSAIDs may be recommended for the treatment of osteoarthritis, but they are not recommended for osteoarthritis of the spine, hip, or shoulder. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments, which is not documented in the medical records. Medical necessity for Terocin lotion is not established.