

<b>Case Number:</b>	CM13-0007824		
<b>Date Assigned:</b>	09/17/2013	<b>Date of Injury:</b>	04/17/2012
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2013

### 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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 04/17/2012. The primary diagnosis is chronic low back pain. An initial physician review noted that the medical records did not document the use of the first-line medications and overall did not support indication for this topical medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin cream #240:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines, section on topical analgesics, states, "The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The medical records at this time do not provide a rationale as to why this would be an exception to this guideline. Additionally, this medication includes capsaicin. The MTUS Chronic Pain Guidelines, section on topical analgesics, states regarding capsaicin, "Recommended only as an option in patients who have not responded or are intolerant to other treatment." The medical records do not

establish this patient has been intolerant to other treatments. Overall the guidelines have not been met. The request for Terocin cream #240 is not medically necessary and appropriate.