

<b>Case Number:</b>	CM13-0008817		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	08/14/2001
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### 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 patient is a 55-year-old injured worker who reported an injury on 08/14/2007 with the mechanism of injury being a coworker pulled the patient's chair out from under them. The patient was noted to have pain ranging up to 7/10. The patient's diagnosis was not provided. The request was made for retrospective date of service 02/27/2013 usage of Terocin and prospective usage of Terocin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS: 2/27/13) usage of Terocin:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesic Page(s): 105. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=Terocin>

**Decision rationale:** Per drugs.com, Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The California MTUS Chronic Pain Medical Treatment Guidelines does not specifically address Terocin, however, the CA MTUS states that topical analgesics are "Largely experimental in use with few randomized control trials to determine

efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments...Lidocaine...Lidoderm...No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Additionally, the California MTUS guidelines recommend treatment with topical salicylates. The clinical documentation submitted for review failed to provide the efficacy of the requested medication , requested quantity was not noted, and there was no documentation indicating the functional benefit. It was noted as per the supplemental report on 07/24/2013 that Terocin ointment was prescribed to decrease the patient's symptoms locally and increase the patient's overall function. However, it failed to provide documentation of objective functional improvement to support the ongoing usage of the medication. The request for retrospective date of service 02/27/2013, usage of Terocin is not medically necessary and appropriate.

**Prospective:Usage of Terocin:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate,Topical Analgesic. Decision based on Non-MTUS Citation  
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