

<b>Case Number:</b>	CM13-0013401		
<b>Date Assigned:</b>	10/02/2013	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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:

Per medical records reviewed, the patient is 49 years old employee who sustained an industrial injury on May 29, 2012. On the date of injury, the patient was breaking down a wall on the set and fell landing on his left shoulder and left arm. [REDACTED] reported on July 12, 2013, that patient complains of constant severe throbbing pain and stiffness of the bilateral shoulders. According to [REDACTED], patient also complains of constant severe sharp, stabbing pain with stiffness, numbness, tingling, weakness and cramping to bilateral wrists. He complains of loss of sleep due to pain. Medical examination reveals left shoulder with decreased range of motion, +3 tenderness to palpation and muscle spasm, bilateral elbows and wrists pain with decrease range of motion. The patient was diagnosed with shoulder sprain/strain, shoulder impingement, and elbow sprain/strain. Medications prescribed included Glucosamine Sulfate 500mg, Terocin topical, Flurbiprofen (NAP) cream, Norco 10/325mg, Valium 10mg, Naproxen 550mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin topical:** 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): 111-112.

**Decision rationale:** Terocin lotion is a topical analgesic containing the following active ingredients: Capsaicin, Lidocaine, Menthol and Salicylate. According to Chronic Pain Medical treatment guidelines, the use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine in this topical drug is not recommended. The request for Terocin lotion is not medically necessary and appropriate.