

<b>Case Number:</b>	CM13-0014877		
<b>Date Assigned:</b>	10/07/2013	<b>Date of Injury:</b>	04/26/2003
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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:

This patient is a 60-year-old female who reported an injury on 04/26/2003. The patient is currently diagnosed with chronic low back pain, lumbar radiculopathy, status post lumbar fusion, and status post lumbar hardware removal in 2006. The patient also has findings of mild to moderate disc space narrowing at L5-S1 with spondylolisthesis at L3-4 and multilevel lumbar degenerative disc disease and multilevel neural foraminal narrowing bilaterally with facet arthropathy of the lumbar spine. Clinical note on 07/19/2013 indicated that in regards to medication the patient continued to utilize Norco 10/325 mg, topical Terocin cream as needed, and Flexeril 7.5 mg 2 to 3 per day. Notes indicate that the patient with the use of Flexeril has had significant decrease in spasms with the patient denying any side effects from the use of the medications and states that the medications continue to decrease her pain and normalize her function. The patient underwent an Agreed Medical Evaluation on 07/30/2013, which indicated the patient to have reached maximum medical improvement with the patient receiving a 28% whole person impairment rating. Physical examination of the patient noted right psoas strength to be 4+/5 with the remaining muscle groups rated as 5/5. The patient has positive LasA"gue's test on the right with positive slump test and positive straight leg raise on the right at 80 degrees eliciting pain extending to the foot. Treatment plan notes indicated a recommendation for continued modified activities as well as a home exercise program, with notes detailing that the patient was prescribed additional Norco, Flexeril, and topical Terocin cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin lotion 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): 111.

**Decision rationale:** The documentation states the patient has ongoing complaints of low back pain with right lower extremity symptoms rated as a pain level of 7/10 when she is using her medications and 10/10 when she is not. Regarding the request for the medication Terocin lotion 4 oz., according to California MTUS Guidelines, many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonist, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists,  $\beta^3$  agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. It further states there is little to no research to support the use of many of these agents and lastly that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Because Terocin contains the ingredient capsaicin, California MTUS Guidelines do not recommend this product for topical use. Furthermore, the documentation provided for review does not indicate the patient has had any positive effect with the use of this medication. Her pain has always remained at around 9/10 on the pain scale. Therefore, with the patient not receiving positive efficacy from the use of the medicine as well as the non-recommendation from CA MTUS Guidelines, the requested service for Terocin lotion 4 oz. is non-certified.