

<b>Case Number:</b>	CM13-0022336		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	06/17/2012
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 24-year-old female who reported injury on 06/17/2012. The mechanism of injury was stated to be the patient was lifting/pulling a raft that weighed approximately 600 pounds, bent over at the waist, pulled on the raft because it was struck, and felt a sharp pain in her low back. The patient was noted to have a chief complaint of neck and low back pain with right upper extremity and lower extremity symptoms. The patient noted that the pain was managed with the medications. The patient was noted to have cervical spine range of motion that was decreased. The patient was noted to have positive spasms on the right trapezius. The diagnoses were noted to include myofascial pain syndrome and lumbar facet arthropathy, along with lumbar radiculopathy and cervical facet arthropathy. The request was made for Terocin 4 oz #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin 4oz #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Section Topical Analgesics Section Page(s): s 105, 111-112. Decision based on Non-MTUS Citation Terocin Online Package Insert

**Decision rationale:** Per drugs.com, Terocin is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The California MTUS does not specifically address Terocin, however, it does state 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." California MTUS guidelines recommend treatment with topical salicylates. Clinical documentation submitted for review, while indicating the patient had pain, failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations as Lidocaine is not recommended except in the form of Lidoderm per California MTUS guidelines. Given the above, the request for Terocin 4 oz #1 is not medically necessary.