

Case Number:	CM13-0025158		
Date Assigned:	11/20/2013	Date of Injury:	08/18/2007
Decision Date:	01/15/2014	UR Denial Date:	08/17/2013
Priority:	Standard	Application Received:	09/17/2013

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 Occupational Medicine, and is licensed to practice in North Carolina, Maryland, and New York. 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 claimant had a fall 8/18/07, with head, right-sided rib, neck and low back pain. He has suffered from a mild TBI with prior history of cerebrovascular accident (CVA), mild left knee arthritis and chronic low back pain, s/p fusion in May 2012 at L3-4 and L4-5. He has requested Terocin, a topical analgesic. On 4/30/13, [REDACTED] requests that it be used on his groin, knee and shoulder. The claimant used it in the area of his surgical scar as well, assumed to be the low back. The doctor is recommending the Terocin because he doesn't tolerate oral anti-inflammatory medications, even with omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 0.025%-25% Capsaicin/ME-Salicylate/Menth: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Terocin lotion composition: methyl salicylate 25 mg in 100 ml; capsaicin 0.025 g in 100 ml; menthol 10 g in 100 ml and lidocaine hydrochloride 2.5 g in 100 ml. Capsaicin Recommended only as an option in patients who have not responded or are intolerant

to other treatments. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Lidocaine
Lidocaine is a local anesthetic. See CRPS, medications; CRPS, sympathetic and epidural blocks; Topical analgesics. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. Indication: Neuropathic pain Recommended (Lidoderm) for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) Salicylate topicals Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also topical analgesics; & Topical analgesics, compounded. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. (p. 111 of Chronic Pain Treatment Guideline) Menthol is not recommended as a topical agent, and hence cannot be approved in a compounded one. The use of Terocin cannot be approved under the MTUS Guidelines.