

<b>Case Number:</b>	CM13-0025518		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Preventive Medicine 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 expert 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:

According to the records made available for review, this is a 47-year-old female with a 7/16/12 date of injury. At the time (6/13/13) of request for authorization for retrospective request for 1 Terocin pain relief lotion DOS: 6/13/13, there is documentation of subjective (bilateral shoulder, elbow, hip, and knee pain) and objective (tenderness to palpation along the AC joints with bursitis and positive impingement of the shoulders, tenderness to palpation along the medial epicondyle of the right elbow, decrease range of motion of the knees with positive crepitus and positive McMurray's of the left knee) findings, current diagnoses (bilateral shoulder impingement and bilateral knee chondromalacia patella), and treatment to date (Terocin cream (unknown duration) with pain relief).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR 1 TEROGIN PAIN RELIEF LOTION DOS: 6/13/13:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines houlder Complaints, Elbow Disorders, and Knee Complaints, Topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): s 111-113. Decision based on Non-MTUS Citation MTUS: CPMTG, TOPICAL ANALGESICS, 111-113

**Decision rationale:** Terocin is a topical pain relief lotion that contains Methyl Salicylate, Capsaicin, Menthol, and Lidocaine. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other Antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder impingement and bilateral knee chondromalacia patella. However, Terocin contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for 1 Terocin pain relief lotion DOS: 6/13/13 is not medically necessary.