

<b>Case Number:</b>	CM13-0029770		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	02/09/2011
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 and Rehabilitation 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:

According to the records made available for review, this is a 60 year old male with a 2/9/11 date of injury. At the time of request for authorization for Terocin pain patch box #10 x 1 box, there is documentation of subjective (low back pain) and objective (antalgic gait, limited range of motion of the lumbar spine in all planes, decreased sensation L4 dermatome on the left, and decreased strength over the left lower extremity) findings, current diagnoses status post posterior lumbar interbody fusion at L4-5 on 11/8/12 and lumbar radiculopathy, and treatment to date medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin pain patch box #10 x 1 box:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Terocin is a topical pain relief lotion that contains Methyl Salicylate, Capsaicin, Menthol, and Lidocaine. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies documentation 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 a diagnosis of lumbar radiculopathy and status post posterior lumbar interbody fusion at L4-5. 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 Terocin pain patch box #10 x 1 box is not medically necessary