

<b>Case Number:</b>	CM13-0029875		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	10/19/2011
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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, has a subspecialty in Pain Medicine 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:

The patient is a 52 year old female who reported an injury on 10/19/2011. The mechanism of injury was bending and lifting a student. The patient's diagnoses included psychogenic pain, lumbosacral neuritis, neuralgia/neuritis, depressive disorder, disc degeneration, sprain lumbosacral, and sleep disturbance. The clinical note dated 07/15/2013 stated the patient complained of back pain radiating into her left leg. She was having tingling sensations and numbness to the left leg as well. The patient was taking oral medications, using Lidoderm patches, using TENS, and participating with physical therapy at the time of the request for the Terocin. An MRI of the lumbosacral spine was requested. The patient's strength was 4/5 of the left hamstring muscles and the dorsiflexors are 4+/5. The sensation was intact to light touch, pinprick, and two-point discrimination. Clinical note dated 10/24/2013 reports the patient has the same complaints of pain. Functional levels remain the same. Range of motion, strength and level of pain had not changed since the July assessment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin lotion 240gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 105,111-113.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. Capsaicin, an ingredient in Terocin, is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines recommend treatment with topical salicylates. There is no documentation of the patient's intolerance to any oral analgesics or other form of treatments. There is insufficient amount of clinical information describing the patient's pre and post pain levels after use of other treatments. Due to the lack of clinical information to support the patient's need to use a topical analgesic the request for Terocin lotion 240gm is not medically necessary.