MAXIMUS Federal Services

Case Number:	CM13-0041498		
Date Assigned:	06/06/2014	Date of Injury:	02/14/2013
Decision Date:	07/14/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/11/2013

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 Family 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:

This injured worker's date of injury is 02/14/2013. This injured worker slipped at work causing a low back injury. The treating physician is treating the patient for low back pain that radiates to the left lower extremity. A lumbosacral MRI on 07/12/'13 show a herniated disc at level L5-S1. The patient received chiropractic treatment and was prescribed an NSAID and a muscle relaxer. The treating physician's report dated 08/05/'13 states that on exam there is paraspinal muscle spasm and some tenderness over the facet joints. SLR testing showed L hamstring tightness. Back flexion is 20% and extension is 30%. This is a retrospective review is for Terocin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REVIEW OF TEROCIN PAIN RELIEF LOTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Topical Analgesics Page(s): 111-113.

Decision rationale: Terocin lotion is a compounded over the counter product which is a topical analgesic. Terocin contains: Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The manufacturer markets this topical agent for temporary relief of "mild

aches and pains." Topical agents have not been well studied in properly designed controlled, prospective trials for chronic pain. Topical agents are considered experimental for this indication. Additionally, according to Chronic Pain Medical Treatment Guidelines "any compounded product that contains at least one drug that is not recommended is not recommended." Topical salicylates are somewhat beneficial for acute pain, but they are not effective in longterm pain, as their benefit lasts only about 2 weeks. Menthol is not recommended for treating chronic back pain. Lidocaine is an anesthetic agent; "topical lidocaine is not recommended for non-rheumatic pain." Topical agents have a role in treating neuropathic pain, if and when, first line agents, such as antidepressants, have failed. This patient's medical records do not document treatment for neuropathic pain. Terocin cream is not medically indicated for treating this patient.