

<b>Case Number:</b>	CM13-0052334		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/09/2011
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 61 year-old with a date of injury of 06/09/11. A progress report dated 11/04/13, identified subjective complaints of chronic low back pain. The objective findings included lumbar tenderness and a positive straight leg-raising. Sensation was diminished in the lower extremity. The diagnoses included lumbar disc disorder with radiculopathy. The treatment has included rhizotomy and oral medications. Topical therapy appears to be a new request. A utilization review determination was rendered on 11/11/13 recommending non-certification of "Terocin 120ml x 2 bottles, apply to painful areas 2-3 times per day".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Terocin 120ml x 2 bottles:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113, 115. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics.

**Decision rationale:** Terocin liquid is a compounded agent consisting of menthol and the active ingredients Capsaicin (an irritant found in chili peppers), Lidocaine (a topical anesthetic) and

Methyl Salicylate (an anti-inflammatory). The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain section states that topical analgesics are primarily recommended when other modalities could not be tolerated or have failed. They are primarily recommended for neuropathic pain. The Guidelines note that Capsaicin has shown success in musculoskeletal conditions. However, they are recommended only as an option in patients who have not responded or are intolerant to other treatments. In this case, there is no documentation that oral therapies have failed. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The Official Disability Guidelines (ODG) states that Capsaicin has not shown any significant efficacy in the treatment of osteoarthritis. Therefore, in this case, there is no demonstrated medical necessity for Capsaicin cream in the compound. Lidocaine as a dermal patch has been used off-label for neuropathic pain. However, the guidelines note that no other form (creams, lotions, gels) are indicated. Further, the Guidelines note that Lidocaine showed no superiority over placebo for chronic muscle pain. Also, the FDA has issued warnings about the safety of these agents. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, in this case, there is no demonstrated medical necessity for Lidocaine as a cream in the compound. The Guidelines note that salicylates are recommended and are significantly better than placebo in chronic pain. However, the Official Disability Guidelines (ODG) state that salicylates have not shown any significant efficacy in the treatment of osteoarthritis. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, in this case, there is no demonstrated medical necessity for the compounded formulation, Terocin.