

<b>Case Number:</b>	CM13-0054607		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/12/2012
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Management, 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:

This patient has a date of injury of August 12, 2012. A utilization review determination dated October 21, 2013 recommends noncertification of Terocin lotion. A progress report dated August 19, 2013 recommends using Naprosyn, cyclobenzaprine, ondansetron, omeprazole, Medrox patch, and tramadol. A progress report dated October 28, 2013 includes subjective complaints indicating that the patient underwent a successful lumbar stabilization and decompressive procedure. The patient continues to have symptomatology in bilateral shoulders, bilateral elbows, and bilateral feet/ankles. Physical examination identifies tenderness around the shoulder girdles, tenderness and pain around the medial lateral compartments of the elbows, tenderness around the lumbar paravertebral muscles and pain with terminal motion, and tenderness in the bilateral knee joint lines. Diagnoses include rule out internal derangement bilateral shoulders, upper extremity overuse syndrome, status post posterior lumbar interbody fusion, status post right knee surgery, left knee medial meniscus tear with degenerative joint disease, electrodiagnostic evidence of peripheral neuropathy, and bilateral plantar fasciitis. The treatment plan recommends L4-S1 removal of lumbar hardware.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Lotion, 120 grams, provided on October 14, 2013:** Upheld

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

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

**Decision rationale:** Regarding the request for Terocin, Terocin is a combination of methyl salicylate, menthol, lidocaine and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs (non-steroidal anti-inflammatory drugs) have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration, nor is there documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. Finally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. The request for Terocin Lotion, 120 grams, provided on October 14, 2013, is not medically necessary or appropriate.