

<b>Case Number:</b>	CM13-0066440		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/28/1998
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Anesthesiology, 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 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:

The patient is an employee of the [REDACTED] who has submitted a claim for low back pain, polyarthralgia, hip and ankle pain associated with an industrial injury date of August 8, 1998. Treatment to date has included medications, home exercise program, and aqua therapy. On 11/15/13, Celebrex 200 mg daily #30, Protonix 40 mg every morning #30, and Terocin cream, two bottles were prescribed. Specific response to previous prescription medication was not assessed. On 10/10/13, Celebrex 200 mg #30, Nexium 40 #30, and Terocin lotion, two bottles were prescribed. Specific response to previous prescription medication was not assessed. On 7/11/13, Celebrex 200 mg #30, Nexium 40 #30, Flexeril 10mg qhs #30, and Terocin lotion, two bottles were prescribed. Specific response to previous prescription medication was not assessed. On 3/1/13, Celebrex 200 mg #30, Nexium 40 #30, Flexeril 10mg qhs #30 were prescribed. Specific response to previous prescription medication was not assessed. On 2/1/13, Celebrex 200 mg #30, Nexium 40 #30, Flexeril 10mg qhs #30 were prescribed. Specific response to previous prescription medication was not assessed. On 1/3/13, Celebrex 200 mg #30, Nexium 40 #30, Flexeril 10mg qhs #30, Prozac 10mg every day (qd) #30 were prescribed. Specific response to previous prescription medication was not assessed. On 11/19/12, Celebrex 200 mg #30, Nexium 40 #30, Flexeril 10mg qhs #30, Prozac 10mg every day (qd) #30 were prescribed. Specific response to previous prescription medication was not assessed. On 10/18/12, Celebrex 200 mg #30, Nexium 40 #30, Flexeril 10mg qhs #30 were prescribed. Specific response to previous prescription medication was not assessed. On 9/21/12, Celebrex 200 mg #30, Nexium 40 #30, Flexeril 10mg qhs #30 were prescribed. Specific response to previous prescription medication was not assessed. A utilization review from November 20, 2013 denied the request for Terocin cream two bottles. Medical records from 2013 were reviewed showing that Terocin cream was first prescribed in July 2013. There is no specific

documentation as to why Terocin cream was initiated, and it appears from the records reviewed that assessment of response to Terocin treatment was not documented even though the patient was seen at regular intervals, monthly. The patient complains of right shoulder pain and stiffness, which radiates down the arm and forearm. There is also ongoing back pain. On examination, the thoracic spine and the cervical spine had decreased ranges of motion.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **TEROCIN CREAM TWO (2) BOTTLES: 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 Capsaicin; Topical Lidocaine, Topical Salicylates Page(s): 28,105,111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Salicylate Topicals

**Decision rationale:** Terocin contains four active ingredients; Capsaicin in a 0.025% formulation, Lidocaine in a 2.50% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 25% formulation. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. However, while the patient presents with chronic pain complaints and was followed at monthly intervals over the past several months, specific response to Terocin treatment was not assessed. It was not clearly documented why Terocin lotion was first initiated, and ongoing repeat prescriptions were not based on assessment of treatment response. In addition, California MTUS 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 Terocin contains several ingredients that are not recommended. Therefore, the request for Terocin was not medically necessary.