

<b>Case Number:</b>	CM13-0068321		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	04/09/2013
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 59-year-old male who reported an injury to his low back on 4/9/13 while lifting a 40-45 pound package. The injured worker's treatment history included remote surgical intervention, physical therapy, and nonsteroidal anti-inflammatory drugs (NSAIDs). The injured worker was evaluated on 11/14/13. It was documented that he had low back complaints rated at 5/10 without medications that was reduced to 3/10 with medications. Physical findings included limited range of motion secondary to pain with a positive facet load maneuver and tenderness to palpation of the L4-5 and L5-S1 facet joints. The injured worker's diagnoses included possible disc bulging with L5 radicular pain, and probable facet arthropathy at the bilateral L4-5 and L5-S1 levels. The injured worker's treatment recommendations included work hardening, continued medications, and consideration of epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **NEW TEROGIN LOTION DISPENSED ON 11/4/13: 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.

**Decision rationale:** The requested medication is a compounded topical analgesic that contains menthol, methyl salicylate, capsaicin and lidocaine. The California MTUS supports the use of menthol and methyl salicylate in the management of osteoarthritic pain. However, it does not recommend the use of capsaicin as a topical analgesic unless the injured worker has failed to respond to all first line chronic pain management treatments. There is no documentation that the injured worker has failed to respond to first line medications (antidepressants and anticonvulsants). Therefore, the use of capsaicin would not be supported. Also, the requested medication contains lidocaine in a cream formulation. The California MTUS does not recommend the use of lidocaine in a cream formulation as it is not FDA approved to treat neuropathic pain. MTUS guidelines state that any medication that contains at least one drug or drug class that is not supported is not recommended. As both capsaicin and lidocaine cream are not recommended, Terocin lotion as a whole cannot be recommended, and the request is not medically necessary.