

<b>Case Number:</b>	CM14-0004174		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	08/05/2002
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 [REDACTED] and has submitted a claim for neck and right arm pain associated with an industrial injury date of August 5, 2002. Treatment to date has included medications, physical and chiropractic therapy, H-wave therapy and activity modification. Medical records from 2009-2013 were reviewed. The patient had neck and right upper extremity pain rated at 7/10 without pain medications and 4/10 with pain medications. The pain worsens with lifting and range of movement of the neck and shoulder. Physical examination of the cervical spine showed positive Spurling's sign on the right and moderate spasm and tenderness over the right cervical paraspinals and trapezius. Cervical spine range of motion is reduced in all planes due to increased pain. There is diminished sensation on the right upper extremity and testing on the right hand causes pain in the right shoulder. Cervical MRI done last January 30, 2009 showed minimal multi-level disc bulging, no cord impingement or foraminal stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF TEROGIN (LIDO-CAPSAICIN-MEN-METHYL) 120ML #1 BOTTLE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 28, 105, 111-112

**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. The California MTUS Chronic Pain Medical Treatment Guidelines state that topical Capsaicin is only recommended as an option when there was failure to respond/intolerance to other treatments, with the 0.025% formulation indicated for osteoarthritis. The Chronic Pain Medical Treatment Guidelines state that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. The Officia Disability Guidelines state that the FDA has issued an alert in 2012 indicating that topical over-the-counter pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. The MTUS states that salicylate topicals are significantly better than placebo in chronic pain. In this case, the patient was prescribed Terocin on October 2, 2013 because she cannot tolerate oral NSAIDs, even with proton pump inhibitors. However, progress reports dated November 4, 2013 and December 17, 2013 showed that she was taking the NSAIDs, Aspirin, and Ibuprofen, together with Terocin. Moreover, the patient presents with chronic pain complaints and followed-up regularly, but the specific response to Terocin treatment was not assessed. Finally, the 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 for topical use. As such, the request is not medically necessary.