

<b>Case Number:</b>	CM14-0103487		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/13/2005
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 and Pain 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 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 70 year-old female who reported an injury on 05/13/2005. The mechanism of injury was not provided in the medical records. The injured worker was diagnosed with cervical spondylosis without myelopathy. The injured worker had continued complaints of lower back and left greater than right leg pain, with a recent flare-up in her left leg symptoms. Physical examination revealed positive straight leg raising on the left. Neurological exam was intact. Lumbar range of motion allowed for 30 degrees of flexion at the hips with forward reach to the thighs. Past medical treatment included oral medications. Diagnostic studies were not provided in the medical records. The request for authorization was submitted on 07/03/2014. However, the clinical note from the date of the treatment was requested, but was not provided. Therefore, a rationale for the requested treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Lotion one (1) unit, thirty (30) day supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

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

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compound product that contains at least 1 drug, (or drug class), that is not recommended, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The requested compounded topical analgesic is a combination of Methyl Salicylate, Capsaicin, Menthol, and Lidocaine. While guidelines support the use of Lidocaine for neuropathic pain, they further state no other commercially approved topical formulations of Lidocaine other than Lidoderm (whether creams, lotions, or gels) are indicated for neuropathic pain. The guidelines further state, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations of Capsaicin are generally available as a 0.025% formulation and a 0.075% formulation. The documentation submitted for review failed to provide documentation of the injured worker being intolerant to other treatments. Therefore, the use of Capsaicin is not supported. While the guidelines support the use of Methyl Salicylate, they failed to reveal any guidelines or scientific evidence to support the use of Menthol. As the requested medication is a compounded product that contains at least 1 drug that is not recommended, the request is not supported. Additionally, the request as submitted failed to provide the frequency in which the medication was to be used. In the absence of documentation of the need for a compounded topical analgesic and documentation of objective functional improvement and decrease in pain, the request is not supported. Given the above, the request for Terocin Lotion one (1) unit, thirty (30) day supply is not medically necessary.