

<b>Case Number:</b>	CM14-0173896		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	06/29/2013
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Physical Medicine and Rehabilitation 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:

This 35 year-old patient sustained an injury on 6/29/13 while employed by [REDACTED]. Request(s) under consideration include Retrospective Terocin lotion DOS: 11/15/2013. Report of 8/13/13 from the provider noted the patient with constant chronic low back pain radiating to bilateral lower extremity described as burning, stabbing, numbness and tingling rated at 9-10/10 relieved with medication; occasional bilateral shoulder pain rated at 8/10 over scapular aspect of shoulders; pain radiates to upper back and down the arms to the wrists/hands rated at 3/10. Medications list Tramadol, Naproxen, and Tylenol. Exam showed volar carpal tenderness with mild swelling at wrist; range of flex/ext/radial deviation/ ulnar deviation of 30/30/10/15 degrees; lumbar spine with tenderness with range of flex/ext/ lateral bending 25/5/10 degrees; DTRs 2+; positive Kemp's and SLR; diminished sensation in L5 and S1 distribution on right lower extremity. Diagnoses include lumbar radiculopathy; bilateral shoulder internal derangement and bilateral wrist internal derangement. The request(s) for Retrospective Terocin lotion DOS: 11/15/2013 was denied on 9/20/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Respective Terocin lotion DOS: 11/15/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines regarding: Topical Analgesics,

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

**Decision rationale:** The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswelia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswelia serrata and topical Lidocaine are specifically "not recommended" per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additionally, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury nor is there any report of acute flare-up, new red-flag conditions, or intolerance to oral medications as the patient continues to be prescribed multiple oral meds. The Retrospective Terocin lotion DOS: 11/15/2013 is not medically necessary and appropriate.