

<b>Case Number:</b>	CM14-0178034		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	05/29/2011
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Internal 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 patient suffered her worker comp. injury on 5/29/11. She has diagnoses of lumbar spondylosis, chondromalacia patella and, SI joint sprain. She has received treatments for her symptoms with physical therapy, acupuncture, synvisc injection, Etodolac, Ultram, and Soma. On 10/13/14 she saw her physician, and he noted that she had bilateral knee pain and lumbar pain. The pain was characterized as constant and severe and caused profound limitations. The patient was asking for better pain control. The treating M.D. wanted to add Terocin patches to the present drug treatment which included both Ultram and Etodolac, a nonsteroidal pain medication. However, the UR denied this request on 10/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patch TD QD # 30 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Salicylate Topicals

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 38, 56, 87, 105, 112, 113.

**Decision rationale:** Topical analgesic applications are largely experimental and lack randomized controlled trials to support their use. They are applied locally to the painful area and used primarily for neuropathic pain after an adequate trial of anticonvulsant and antidepressant pain medications. They lack systemic side effects, drug toxicity, or the need to titrate dosing. They are often compounded from a variety of components and many of the individual meds have failed to show efficacy. If one of the included compounds is not recommended, the entire analgesic cream is not recommended. Terocin topical ointment is a combination of capsaicin, lidocaine, menthol, and methylsalicylate. Topical lidocaine is used for neuropathic pain, but the MTUS states that further research is needed to recommend this for chronic pain other than for treatment of herpes neuralgia. Only one study has been done analyzing its use in chronic muscle pain and the results showed it no more superior to placebo. Lidocaine is also noted to be used for localized peripheral pain but only after first line meds such as tri-cyclics, SNRI's such as Cymbalta or meds such as Neurontin or Lyrica have been attempted. The MTUS also noted that there could be risk of systemic absorption and side effects and that this would be dependent upon such things as application of a large amount over a large area, application left on for a long time period, or the use of occlusive dressings. In conclusion, lidocaine's efficacy in chronic pain treatment is not convincing. Capsaicin is another local application product whose efficacy has not been convincingly demonstrated. It is an option when patients have not responded or are intolerant to other treatments. There have been some randomized studies done relating to arthritic pain, fibromyalgia pain and nonspecific back pain done. In conclusion, this agent should be utilized when other more conventional treatments have failed. Methyl salicylate is derived from local plants and is found in such topical applications as Ben gay. The MTUS states that it is better than placebo for chronic pain. Lastly menthol is another agent which is found in such local applications such as tiger balm or icy hot. In the above patient, the M.D. desires to utilize this topical application for chronic pain which is not neuropathic in origin. Lidocaine is used for neuropathic pain when other agents are not effective and can result in side effects and Capsaicin has not been clearly shown to be efficacious. Therefore, these components should not be utilized for this patient. Methyl salicylate has been shown to be better than placebo for treating chronic pain and is found in such benign applications as Ben gay. This topical can be given over the counter without the addition of the other agents discussed. Therefore, this request is not medically necessary.