

<b>Case Number:</b>	CM14-0179553		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Family Practice, 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 sustained a work related injury on September 18, 2013, slipping on spilled water on the floor and falling on the right side. The injured worker reported hearing a pop in the shoulder and hip, with right shoulder, right hip, right knee, and low back pain. A MRI of the lumbar spine on August 27, 2014, was noted to show mild disc loss with a 3-4 mm broad based disc protrusion, narrowed spinal canal, mild to moderate narrowed neural foramina bilaterally, and mild facet arthropathy of L3-L4, and mild diffuse disc bulging and bilateral neural foramina mildly stenotic at L4-L5. On August 5, 2014, the Primary Treating Physician's report noted the injured worker in a lot of pain, with right hip pain, numbness, and tingling. The Physician noted the injured worker with persistent low back pain with clinical evidence of questionable radiculopathy. The injured worker was noted to have received multiple steroid injections. The Physician noted the diagnoses as sprain/strain of the right shoulder, impingement syndrome of the right shoulder, strain/sprain of the right knee, and facet syndrome of right L5-S1. A Medical Legal Orthopedic Evaluation on October 28, 2014, noted the injured worker's previous conservative treatments as physical therapy, oral medications, and injections to the back, hip, and shoulder. A Functional Capacity Evaluation was performed with the Physician noting the injured worker had reached maximum medical benefit from the treatments provided. The Primary Treating Physician submitted a request for Terocin 0.025% #120 with two refills. On September 29, 2014, Utilization Review evaluated the request for Terocin 0.025% #120 with two refills, citing MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted that the request for Terocin was submitted without supporting clinical documentation. The UR Physician noted that the Terocin active ingredients include Methyl Salicylate, Capsaicin, Menthol, and Lidocaine, and that the guidelines recommend Capsaicin only as an option for injured workers who have not responded or are intolerant to other treatments. Guidelines were

also noted to indicate that Lidocaine was recommended for a trial if evidence of localized pain is consistent with a neuropathic etiology. The UR Physician noted that there was no documentation to indicate that the injured worker met both of these criteria, therefore the Terocin was recommended to be non-certified. The decision was subsequently appealed to Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Terocin 0.025% #120 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** Terocin patch contains .025% Capsaicin, 25% Methyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. Any compounded drug that has one drug the is not recommended is not recommended and therefore Terocin patches are not medically necessary.