

<b>Case Number:</b>	CM14-0024184		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 a 42 year old female with a work injury dated 3/27/13. The diagnoses include right rotator cuff tear, left shoulder pain, right wrist pain-carpal tunnel syndrome and right ganglion of the wrist, gastropathy. Under consideration is a request for retrospective new terocin lotion (duration and frequency unknown) dispensed on 11/11/13 for left wrist/arm and right wrist. A document dated 10/24/13 from an orthopedic office visit. noted that the patient complained of bilateral shoulder and right wrist pain. The patient takes Ibuprofen and uses cream. She needs more medication. The exam revealed right dorsal wrist pain, dropping the arms overhead caused bilateral shoulder pain. There was mild tenderness of both shoulders with normal range of motion in both shoulders. The treatment plan states that she will have cervical injection and notes that her shoulder and wrist MRI were denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE NEW TEROGIN LOTION (DURATION UNKNOWN AND FREQUENCY UNKNOWN) DISPENSED ON 11/11/2013 FOR LEFT WRIST/ARM AND RIGHT WRIST:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical Analgesics; Menthol and Lidoderm patch Page(s): 105; 111-113; 56-57.

**Decision rationale:** The request for retrospective new terocin lotion (duration and frequency unknown) dispensed on 11/11/13 for left wrist/arm and right wrist is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. According to the MTUS Chronic Pain Treatment Guidelines there is little use to support the use of many topical analgesics. Any compounded product that contains at least one drug that is not recommended is not recommended. The active ingredients in Terocin Lotion are: Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10% Lidocaine 2.50%. Terocin contains Lidocaine which per MTUS guidelines is not recommended in the form of a cream, lotion, or gel for neuropathic pain. Lidocaine can be used as a patch formulation for postherpetic neuralgia per the MTUS which this patient has no documentation of having. Capsaicin is contained within Terocin and per the MTUS Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The documentation does not indicate that patient is intolerant to other treatments or has not responded to other treatments. Salicylate topicals are recommended by the MTUS and Terocin contains methyl salicylate. The lotion also contains Menthol. The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay which has menthol in it and is medically used per MTUS for chronic pain. Due to the fact that the documentation submitted reveals no evidence of intolerance to oral medications and that the MTUS recommends against topical Lidocaine the request for retrospective new terocin lotion (duration and frequency unknown) dispensed on 11/11/13 for left wrist/arm and right wrist is not medically necessary.