

<b>Case Number:</b>	CM14-0055476		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/09/2008
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Nevada. 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 records presented for review indicate that this 62 year-old individual was reportedly injured on 8/9/2008. The mechanism of injury is noted as a fall. The most recent progress note, dated 1/17/2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated lumbar spine: 2+ lumbar paraspinal muscle spasm, positive tenderness to palpation along these muscles, deep tendon reflexes the one symmetric at the knees and ankles, muscle strength 5/5 bilateral lower extremities, and negative straight leg raise. No diagnostic studies were submitted for review today. Previous treatment includes physical therapy, medications, epidural steroid injection, and conservative treatment. A request had been made for Terocin, frequency and duration unknown and was not certified in the pre-authorization process on 4/9/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin, duration and frequency unknown:** Upheld

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

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

**Decision rationale:** Terocin is a topical analgesic containing Lidocaine and Menthol. The California MTUS Guidelines support topical Lidocaine as a secondary option for neuropathic pain after a trial of an antiepileptic drug or anti-depressants has failed. There is no evidence-based recommendation or support for Menthol. MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". As such, this request for Terocin is considered not medically necessary.