

<b>Case Number:</b>	CM14-0056143		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/29/2010
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 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:

This 50-year-old patient reported an industrial injury on 1/29/2010, over 4 years ago, to the lower back attributed to lifting a heavy object. The patient has been treated conservatively for the diagnosis of lumbar facet arthritis, chronic low back pain, myofascial spasm, and disc bulges to L2-L3. The patient complains of numbness and tingling in the left lower extremity along with subjective weakness to the bilateral lower extremities. The patient was treated with physical therapy and an epidural steroid injection with minimal relief. It was noted that an MRI of the lumbar spine dated 8/18/2011 demonstrated evidence of L2-L3 thecal sac indentation on the right; L3-L4 mild disc bulges without stenosis; L4-L5 mild disc bulges without stenosis and facet arthritis; L5-S1 disc protrusion on the right with thecal sac indentation. The objective findings on examination included TTP; decreased ROM (range of motion) to the lumbar spine, weight gain, hip pain, and knee pain. The treatment plan included Terocin topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Topical Cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate; Topical Analgesics Page(s): 105; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), Chronic Pain, Salicylate Topicals.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate; topical analgesics; anti-inflammatory medications Page(s): 105; 111-113; 67-68.

**Decision rationale:** The prescription for Terocin Lotion #120 ml is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is no Orthopedic clinical documentation submitted to demonstrate the use of the topical creams for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. The request for Terocin Lotion is not medically necessary for the treatment of the patient for the diagnosis of chronic back pain. The patient is 4 years post DOI and has exceeded the time period recommended for topical treatment. There are alternatives available OTC (over the counter) for the prescribed topical analgesics. The use of the topical creams does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of creams on areas that are not precise. The volume applied and the times per day that the creams are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of creams to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The prescription for Terocin Lotion is not medically necessary for the treatment of the patient's pain complaints. The prescription of Terocin Lotion is not recommended by the CA MTUS and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate - noting the specific comment that "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription for the treatment of chronic back pain.