

<b>Case Number:</b>	CM14-0056897		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/04/2010
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 is a 47 year old male who sustained an injury on 08/04/2010. No specific mechanism of injury was noted. The injured worker was followed for complaints of headaches as well as a history of major depression. Medications included Seroquel and Klonopin in the past. The injured worker was also followed for complaints of low back pain radiating to the lower extremities. The clinical report from 03/20/14 indicates the injured worker had slowly increasing pain following epidural steroid injections. The injured worker reported no benefit from the use of a transcutaneous electrical nerve stimulation (TENS) unit. The injured worker did feel that Medrox patches did improve some musculoskeletal pain. The injured worker was willing to try Medrox patches versus oral muscle relaxers. Pain scores were 4 to 6/10 in intensity with medications. The injured worker reported severe pain 7 to 9/10 without medications. The injured worker was utilizing Celebrex and Neurontin at this visit as well as Terocin patches which contained Capsaicin and lidocaine. No specific physical examination findings were identified. The requested Terocin lotion was denied by utilization review on 04/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lido-Capsaicin-Men-Methyl Sal (Terocin) 120 ml. apply 2 ml. externally bid (twice a day):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s) : 62-63, 105,112-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Terocin is a topical analgesic that can be considered as an option in the treatment of pain secondary to a neuropathic etiology. Current evidence based guidelines do consider the use of topical analgesics as largely experimental and investigational. In this case, there is no indication the injured worker had reasonably failed all other first line treatments for neuropathic pain such as anticonvulsants or antidepressants. Also, there was no updated physical examination findings indicative of a continuing neuropathic condition that would reasonably benefit from the use of Terocin topical analgesic. In regards to the request for Terocin lotion 120 milliliters, the request is not medically necessary.