

<b>Case Number:</b>	CM14-0163348		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 New Jersey. 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 worker is a 54 year old male who was injured on 10/13/2010 when he was removing tiles, affecting his right shoulder and low back. He was diagnosed with lumbar radiculopathy. He was treated with low back surgery, medications (including various oral and topical medication such as Terocin), and epidural injection. On 7/15/14, the worker was seen by his pain management physician reporting constant and persistent low back pain with radiation to the lower extremities with associated numbness and tingling. His pain was rated at 9/10 on the pain scale. Physical examination findings included positive straight leg raise and bilateral lower extremity decreased sensation of dermatomes L5 and S1. He was then recommended an epidural injection, topical analgesics (including Terocin pain patch), oral medications, a drug screen test, and a vitamin B12 injection (intramuscular). Later, a request for Terocin cream was submitted on behalf of the worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin 240ml:** Upheld

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

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

**Decision rationale:** Terocin cream is a combination topical analgesic which includes lidocaine, menthol, capsaicin, and methyl salicylate as its active ingredients. The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was subjective and objective evidence of lumbar radiculopathy. However, he was using Terocin patch with no evidence of measurable functional gain from its use. He was then recommended Terocin cream. Also, there was no evidence to show that this worker had tried and failed first-line oral therapies for the treatment of his neuropathic pain, as this was not seen in any of the notes provided for review. Therefore, the Terocin will be considered medically unnecessary.