

<b>Case Number:</b>	CM14-0193488		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	03/20/2012
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Rehab, has a subspecialty in Interventional spine 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:

The patient is a 65 year old male with the injury date of 03/20/12. Per treating physician's report 09/19/14, the patient presents pain in his neck, shoulders, mid and lower back, radiating down upper/ lower extremities. The patient rates his shoulder pain as 3-4/10, mid and lower back pain as 4/10. The patient rates his pain as 6/10 without medication. The patient also complains of pain in both of his elbows and, rating 3-4/10 and both of his knees, rating 3/10. "Topical creams/ patches help decrease pain, walk longer, sit longer, increase sleep and decrease oral medications." The patient presents limited ROM of cervical or lumbar spine. His cervical flexion is 35 degrees, extension is 40 degrees and rotation is 70 degrees bilaterally. His lumbar flexion is 50 degrees, extension is 15 degrees and lateral bending is 15 degrees bilaterally. The list of diagnoses are:1) Headaches2) Cervical disc protusion3) Cervical radiculopathy4) Thoracic sprain/ strain5) Lumbar radiculopathy6) Lumbar disc protrusion7) Bilateral shoulder rotator cuff syndrome8) Bilateral elbow lateral epicondylitis9) Bilateral wrist tenosynovitis10) Bilateral chondromalacia patella11) Bilateral ankle sprain/ strain12) DepressionThe patient will remain off work until 12/12/2014. Progress report 08/20/14 has the same patient's condition in his neck, shoulders, mid and lower back. The patient rates his pain as 3-4/10 without medication and 1/10 with medication. None of the reports show names of medication. The utilization review determination being challenged is dated on 10/16/2014. Treatment reports were provided from 07/17/2014 to 10/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Lotion: Capsaicin .025 Percent, Methyl Salicylate 25 Percent, Menthol 10 Percent, Lidocaine 2.5 Percent, Apply 3-4 Times A Day, #120 ML: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

**Decision rationale:** The patient presents with pain and weakness in his neck, shoulders, lower back and extremities. The request is for TEROCIN LOTION (Capsaicin 0.025%, Methyl/Salicylate 25%, Menthol 10%, Lidocaine 2.5%), apply 3-4 times a day #120ml. Per progress report 09/19/14, the treater requested Terocin Lotion. The treater documented that the efficacy of the medications will be reviewed upon the patient's next visit. Terocin cream is considered a topical analgesic and contains methyl salicylate, capsaicin, lidocaine and menthol. MTUS guidelines page 112 on topical lidocaine states, "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." For salicylate, a topical NSAID, MTUS does allow it for peripheral joint arthritis/tendinitis problems. The patient does present with wrist tenosynovitis to warrant a compound product with salicylate. However, the MTUS guidelines do not allow any other formulation of Lidocaine other than in patch form. In this case, guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Request IS NOT medically necessary.