

<b>Case Number:</b>	CM14-0198419		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	06/11/2010
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Practice 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:

40 year old male claimant sustained a work injury on 6/11/10 involving the head, neck, back, wrists and ribs. He was diagnosed with head concussion, L4-L5 annular tear, bilateral carpal tunnel syndrome, multiple rib fractures and right 3rd and 4th metacarpal fracture. He had undergone an open reduction internal fixation of the right hand. A progress note on 8/21/14 indicated the claimant had pain and numbness in the radial 3 digits of the right hand. Exam findings were notable for decreased range of motion of the right hand, neck and back. Tinel's sign was positive. The claimant was recommended to use topical Terocin cream. An authorization request was noted for a generic prescription (drug unspecified).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for new Terocin lotion (duration and frequency unknown) dispensed on 8/22/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesics Page(s): 105, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** Terocin contains .025% Capsacin, 25% Menthyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is 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). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. Any compounded drug that has one drug that is not recommended is not recommended. Terocin is not medically necessary.