

<b>Case Number:</b>	CM14-0199120		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	10/24/2006
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 46-year-old male with an injury date of 10/24/2006. Based on the 07/21/2014 progress report, the patient complains of having chronic low back pain with occasional radiation to his left leg. He rates his pain as a 5/10. He has tenderness to palpation over the lumbar paraspinal muscles. The 08/18/2014 report states that the patient rates his pain as a 6/10. No further positive exam findings were provided on this report. The 09/18/2014 report states that the patient continues to have low back pain with radiation to his left leg and he rates his pain as a 6/10. The patient has gained weight as well. No additional positive exam findings were provided. The patient's diagnoses include the following. 1. Lumbar discogenic syndrome. 2. Lumbosacral or thoracic: neuritis or radiculitis, unspecified. 3. Chronic pain. 4. Poor coping with chronic pain and disability. 5. Myofascial pain. The utilization review determination being challenged is dated 11/05/2014. Treatment reports were provided from 11/04/2013 - 09/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Terocin cream 120 ml with a DOS of 10/17/2014:** Upheld

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

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

**Decision rationale:** According to the 09/18/2014 progress report, the patient presents with low back pain with occasional radiation to his left leg. The retrospective request is for TEROGIN CREAM 120 mL with a DOS of 10/17/2014. The report with the request was not provided. Terogin cream is considered a topical analgesic and contains methyl salicylate, capsaicin, lidocaine, and menthol. MTUS Guidelines page 111-113 on topical lidocaine states, "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, tricyclic or SNRI antidepressants 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 1 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. However, the patient does not present with peripheral joint problems to warrant a compound product with salicylate. Furthermore, 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. Neither lidocaine nor salicylate is indicated for this patient. Therefore, the requested Terogin cream IS NOT medically necessary.