

<b>Case Number:</b>	CM14-0200795		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Preventive Medicine, has a subspecialty in Occupational 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 52 year old male who was injured at work on 03/07/ 2012. He is reported to be complaining of lower back pain that radiates to the lower extremities. In addition, he complained of urinary incontinence. The physical examination revealed ambulation with single point cane, antalgic gait, limited range of motion of the lumbar spine, tenderness to palpation, tightness with straight leg raise, tenderness over the bilateral lumbar spine facet joints. The worker has been diagnosed of lower back pain, myofascial pain. Treatments have included Nalfon, Zolof, and omeprazole. At dispute is the request for retro Terocin 120ml w/DOS 10/01/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Terocin 120ml w/DOS 10/01/14:** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on to the. The medical records provided indicate the diagnosis. Treatments have included The medical

records provided for review do not indicate a medical necessity for retro Terocin 120ml w/DOS 10/01/14. Terocin is a topical analgesic with the following active ingredients: Methyl Salicylate 25%; Capsaicin 0.025%; Menthol 10%; and Lidocaine 2.50%. The topical analgesics are experimental drugs recommended as an option neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, since Menthol is not recommended, the requested treatment is not medically necessary and appropriate.