

<b>Case Number:</b>	CM14-0078050		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/05/2006
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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, 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:

This 45 year-old patient sustained an injury on 10/5/06 while employed by [REDACTED]. Request(s) under consideration include Terocin cream. Conservative care has included medications, therapy, and modified activities/rest. Medications list Butrans, Terocin topical, Prilosec, Cymbalta, Nuvigil, and MS IR. The patient continues to treat for chronic ongoing pain symptoms. There was previous peer review on 2/18/14 non-certifying request for Terocin with recommendation to weaning the MSIR. Report of 2/25/14 from the provider noted continued persistent pain rated at 8-9/10 with numbness, tingling, burning down arms to elbows and fingers; knee pain; overall symptoms unchanged. Medications list MSIR, Terocin and Cymbalta decreasing pain level down to 7/10. Exam showed unchanged findings of tenderness, decreased cervical range with negative Spurling's and intact sensation and motor strength except for grip of 4/5. Follow-up on 3/25/14 had no change with noted failed attempts at weaning of opiates. The request(s) for Terocin cream was non-certified on 5/5/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin cream:** Upheld

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

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

**Decision rationale:** This 45 year-old patient sustained an injury on 10/5/06 while employed by [REDACTED]. Request(s) under consideration include Terocin cream. Conservative care has included medications, therapy, and modified activities/rest. Medications list Butrans, Terocin topical, Prilosec, Cymbalta, Nuvigil, and MS IR. The patient continues to treat for chronic ongoing pain symptoms. There was previous peer review on 2/18/14 non-certifying request for Terocin with recommendation to weaning the MSIR. Report of 2/25/14 from the provider noted continued persistent pain rated at 8-9/10 with numbness, tingling, burning down arms to elbows and fingers; knee pain; overall symptoms unchanged. Medications list MSIR, Terocin and Cymbalta decreasing pain level down to 7/10. Exam showed unchanged findings of tenderness, decreased cervical range with negative Spurling's and intact sensation and motor strength except for grip of 4/5. Follow-up on 3/25/14 had no change with noted failed attempts at weaning of opiates. The request(s) for Terocin cream was non-certified on 5/5/14. The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswelia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswelia serrata and topical Lidocaine are specifically "not recommended" per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on patients. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additional, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic injury nor is there documented intolerance to oral medication as the patient is currently taking several oral prescriptions. The Terocin cream is not medically necessary and appropriate.