

<b>Case Number:</b>	CM15-0007205		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	01/17/1977
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 63 year old male with an industrial injury dated January 17, 1997. The injured worker diagnoses include displacement lumbar disc without myelopathy, thoracic/lumbosacral neuritis/radiculitis unspecified, and degenerative lumbar/lumbosacral intervertebral disc. He has been treated with radiographic imaging, diagnostic studies, prescribed medications, consultation, and periodic follow up visits. According to the progress note dated 12/11/2014, the injured worker reported back pain. Physical exam revealed moderate, flank tenderness in lumbosacral spine with diminished sensation. The treating physician reported that creams and patches provide adequate relief of pain and spasms and requested Terocin cream 240 ml. Utilization Review (UR) determination on December 31, 2014 denied the request for Terocin cream 240 ml, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin cream 240 ml:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics, p111-113 Page(s): 111-113.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain and flank pain. Terocin is a topical analgesic containing lidocaine and menthol. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Menthol which is used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. In this case, the claimant has localized pain affecting the lumbar spine and flank amenable to topical treatment. Therefore, Terocin 240ml was medically necessary.