

<b>Case Number:</b>	CM15-0101883		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 32-year-old who has filed a claim for chronic hand, wrist, shoulder, and neck pain reportedly associated with an industrial injury of August 7, 2012. In a Utilization Review report dated May 8 2015, the claims administrator failed to approve a request for topical compounded Terocin lotion. The claims administrator referenced an RFA form received on May 1 2015 in its determination. The applicant's attorney subsequently appealed. On January 13 2015, the applicant reported multifocal complaints of neck, shoulder, wrist, and hand pain. Motrin, Menthoderm gel, Prilosec, several topical compounds, and dietary supplements were endorsed, including the Terocin lotion in question. A 30-pound permanent lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not with said limitation in place, although this did not appear to be the case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin 120ml, Cap 0.025% quantity: 1.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - TEROGIN-methyl salicylate, capsaicin, menthol, [dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=85066887-44d0](http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=85066887-44d0). Oct 15, 2010 - FDA Guidances & Info; NLM SPL Resources. Download Data, Methyl Salicylate 25% Capsaicin 0.025% Menthol 10% Lidocaine 2.50%.

**Decision rationale:** No, the request for topical Terocin lotion was not medically necessary, medically appropriate, or indicated here. Topical Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that topical capsaicin is not recommended such as a last line agent, in applicants who have responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of numerous first line oral pharmaceuticals, including ibuprofen (Motrin), effectively obviates the need for the capsaicin-containing Terocin lotion at issue. Therefore, the request was not medically necessary.