

<b>Case Number:</b>	CM15-0102894		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	06/14/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 female who sustained an industrial injury on 06/14/2012. Current diagnoses include left hip greater trochanteric bursitis and labral tear, left second toe dislocation and fracture, left knee patellofemoral pain, and lumbar spine stenosis. Previous treatments included medications, greater trochanteric injections, intraarticular injection, and hip arthroscopy. Report dated 04/17/2015 noted that the injured worker presented with complaints that included hip, knee, and back pain. Also noted are complaints that include stress, anxiety, and depression. Pain level was not included. Physical examination was positive for a slight limp with ambulation, hip pain, burning pain in the left leg, knee and back pain. The treatment plan included requests for psyche evaluation, MRI arthrogram for the left hip, follow up in 6 weeks, and refilled ibuprofen. Disputed treatments include retrospective Terocin lotion (DOS 01/26/2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: New Terocin lotion with date of service 01/26/2015: Upheld**

**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 Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** Terocin lotion is topical pain lotion that contains salicylate, capsaicin, lidocaine and menthol. ODG states regarding topical lidocaine, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." The available medical record does not document the IW as having post-herpetic neuralgia. ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." Additionally, Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The treating physician does not document a trial of first line agents and the objective outcomes of these treatments. MTUS states regarding topical analgesic creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, neither topical lidocaine nor menthol is indicated. As such the request for Terocin lotion is deemed not medically necessary.