

Case Number:	CM15-0107504		
Date Assigned:	06/12/2015	Date of Injury:	06/03/2011
Decision Date:	07/15/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/04/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 42 year old male, who sustained an industrial injury on 6/3/2011. The mechanism of injury is documented as a fall. The injured worker was diagnosed as status post lumbar microdiscectomy and decompression and lumbosacral facet arthropathy. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In progress notes dated 4/20/2015 and 4/27/2015, the injured worker complains of neck and back pain and left leg numbness and tingling, Physical examination showed lumbar pain with palpation and pain related limited range of motion. The treating physician is requesting Terocin Lotion (20% Methyl salicylate, 10% Menthol, 0.025% Capsaicin, 2.5% Lidocaine) quantity: 2 bottles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion (20% Methylsalicylate, 10% Menthol, 0.025% Capsaicin, 2.5% Lidocaine) quantity: 2 bottles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation [http:// www.odg-twc.com/odgtwc/pain.htm](http://www.odg-twc.com/odgtwc/pain.htm) Salicylate Topicals.

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical analgesics in general are considered experimental, especially those preparations that are compounded or combined, due to their lack of quality supportive data. Topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, the Terocin lotion was prescribed to help treat the worker's low back pain and radiculopathy. There was record that the worker had used gabapentin prior to this request, however, there was insufficient documentation to learn of how effective this medication was for his neuropathic pain. Also, there was a lack of documentation which stated the functional gains and pain level reduction due to the Terocin lotion. Also, the use of lidocaine is not approved for use in lotion form and not for radiculopathy. Therefore, for these reasons above, the request for continued Terocin lotion will be considered medically unnecessary.