

<b>Case Number:</b>	CM15-0109039		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	07/22/2014
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53 year old female patient who sustained an industrial injury on 07/22/2014. Treatment modality to include: modified work duty, oral medications, physical therapy session. An initial visit dated 08/07/2014 reported chief complaint of having lower back pain status post having slipped and fallen at work several days prior with resulting lower back injury. The pain is described as constant of which has worsened to involve radiating into the right lower extremity associated with right lower extremity weakness with any prolonged standing or sitting. The assessment found the patient with: lumbar sprain and strain; lumbago; lumbosacral neuritis/radiculitis, right lower extremity, and spasm. Of note, the following have worsened: neuritis/radiculitis, lumbago, and spasms. She was dispensed Omeprazole, Naproxen, and Tramadol. On 09/09/2014 she underwent a magnetic resonance imaging study of lumbar spine that revealed mild degenerative bone and disc changes with disc bulges minimally encroaching on the thecal sac without nerve root encroachment. At a primary treating office visit on 12/10/2014 the treating diagnoses of lumbar disc displacement, sprain of neck. The patient received an injection with noted 50 % improvement. The plan of care noted the patient recommended to receive additional injections, and to continue with home exercises. February 05, 2015 she had complaint of continued lower back pain and diagnosed with disorders of bursae and tendons in shoulder region; spinal stenosis in cervical region, and lumbosacral spondylosis without myelopathy. Current medications are Ibuprofen, and Naproxen. She was prescribed Relafen and Terocin lotion. The patient is to return to modified work duty.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retro Request for New Terocin Dispensed on 2/7/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121-122.

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

**Decision rationale:** The patient presents with lower back pain status post having slipped and fallen at work several days prior with resulting lower back injury. The assessment found the patient with lumbar sprain and strain, lumbago, lumbosacral neuritis/radiculitis, right lower extremity, and spasm. The current request is for Retro request for new Terocin dispensed on 2/7/15. The treating physician states, in a report dated 02/05/15, "Medications ordered today include. Terocin Lotion #240 to be administered today." (60B) The MTUS guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Terocin is a compounded medication, which includes Lidocaine, Capsaicin, Salicylates and Menthol. The MTUS guidelines do not support the usage of salicylate topical, an NSAID for the treatment of lower back pain. Salicylate topical is supported for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. This patient presents with lumbar pain and radicular pain for which topical NSAID is not indicated. The current request is not medically necessary.