

<b>Case Number:</b>	CM15-0010946		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	04/18/2011
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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

Certification(s)/Specialty: Emergency 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 injured worker is a 58-year-old female, who sustained an industrial injury on 4/18/11. She has reported back pain. The diagnoses have included status post lumbar spine hardware removal, status post lumbar fusion, chronic low back pain, chronic neuropathy, intractable low back pain, and obstructive sleep apnea. Treatment to date has included surgery and oral pain medication. Currently, the injured worker complains of constant ache over lumbosacral area with severe pain in right buttocks, increased swelling of right lower extremity and weakness of right leg. Tenderness is noted over right lumbar area with spasm and limited range of motion. On 12/23/14 Utilization Review non-certified Terocin lotion, noting Lidocaine is supported only in patch form, no other commercially approved form of Lidocaine are indicated for neuropathic pain. The MTUS, ACOEM Guidelines, was cited. On 1/15/15, the injured worker submitted an application for IMR for review of Terocin lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin lotion:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/pro/terocin.html](http://www.drugs.com/pro/terocin.html).

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

**Decision rationale:** The requested product is a topical product composed of multiple medications. As per MTUS guidelines, any compounded product that contains one drug or drug class that is not recommended is not recommended. Terocin contains capsaicin, lidocaine, Methyl Salicylate and Menthol. 1) Capsaicin: Data shows efficacy in muscular skeletal and neuropathic pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure. Ongoing use of Terocin has not decreased pain and reduced medication use. It is not recommended due to no documentation of prior treatment failure or effectiveness. 2) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of failure with a 1st line agent and there is no documentation on where the product is to be used. Patient's pain is also not from peripheral neuropathy. It is therefore not recommended. 3) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There is no evidence of any benefit to spinal pain, which the patient has. Medically not recommended. 4) Menthol: There is no data on Menthol in the MTUS. All components are not recommended, the combination medication Terocin lidocaine patch, as per MTUS guidelines, is not recommended.