

<b>Case Number:</b>	CM15-0132424		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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:

This is a 38-year-old male with an October 7, 2013 date of injury. A progress note dated March 26, 2015 documents subjective complaints (intermittent lower back pain radiating to the left lower extremity with numbness and tingling; pain rated at a level of 4/10; occasional left knee pain rated at a level of 2/10; pain level without medications was 6/10 and 2/10 with medications), objective findings (decreased range of motion of the lumbar spine; tenderness and spasms along the lumbar paravertebral muscle bilaterally; positive straight leg raise on the left; decreased range of motion of the left knee; patellar grinding on the left side; tenderness noted over the medial joint line), and current diagnoses (lumbar disc protrusion; lumbar radiculopathy; lumbar facet syndrome; left knee internal derangement). Treatments to date have included oral medications, topical medications, home exercise, and diagnostic testing. The medical record indicates that the topical medications help control the pain. The treating physician documented a plan of care that included Terocin: Capsaicin 0.025%/ Methyl Salicylate 25%/ Menthol 10%/ Lidocaine 2.5%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin: Capsaicin 0.025%/ Methyl Salicylate 25%/ Menthol 10%/ Lidocaine 2.5% apply a thin layer to affected area 3-4 times PRN pain and inflammation QTY: 120ml: Upheld**

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

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

**Decision rationale:** The patient presents with pain affecting the low back with radiation to the left lower extremity. The current request is for Terocin: Capsaicin 0.025%/ Methyl Salicylate 25%/Menthol 10%/ Lidocaine 2.5% apply a thin layer to affected area 3-4 times prn pain and inflammation qty: 120 ml. The treating physician report dated 2/2/15 (20B) states, "Today, the patient's condition established the need for compounded topical medications which will be sent out by a pharmacy." Regarding compounded topical analgesics, MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines states the following regarding topical lidocaine, "in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." In this case, the MTUS guidelines do not recommend the use of Lidocaine in a cream formulation, as outlined on page 112. Furthermore, since Lidocaine is not recommended, the entire compounded product is not supported. The current request is not medically necessary.