

<b>Case Number:</b>	CM15-0162959		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	03/01/2007
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic neck pain with derivative complaints of depression reportedly associated with an industrial injury of March 1, 2007. In a Utilization Review report dated August 18, 2015, the claims administrator failed to approve a request for topical Terocin patches. The claims administrator referenced a March 17, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On April 13, 2015, the applicant reported ongoing multifocal complaints of low back pain, neck pain, and headaches. The applicant's medication list included tramadol, Desyrel, topical Terocin, Coumadin, Celexa, Ranexa, and Prilosec, it was reported. Permanent work restrictions, BuTrans, and Terocin were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patch #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - TEROGIN- methyl salicylate, capsaicin, menthol  
<https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid...44d0...Oct 15, 2010 - FDA>

Guidance's & Info; NLM SPL Resources. Download Data. Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, Lidocaine 2.50%.

**Decision rationale:** No, the request for topical Terocin was not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine, is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the secondary ingredient in the compound, is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concomitant usage of numerous first-line oral pharmaceuticals to include Tramadol, Skelaxin, Desyrel, etc., effectively obviated the need for the capsaicin-containing Terocin compound at issue. Therefore, the request was not medically necessary.