

<b>Case Number:</b>	CM15-0163736		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	11/06/2012
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: 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 [REDACTED] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of November 6, 2012. In a Utilization Review report dated August 14, 2015, the claims administrator failed to approve requests for topical Terocin lotion and LidoPro ointment. An April 29, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. On January 19, 2015, the applicant reported multifocal complaints of low back and shoulder pain. The applicant was using oral ketoprofen and Lunesta, it was reported. Acupuncture was sought. On June 16, 2015, the applicant reported ongoing complaints of neck and shoulder pain. No seeming discussion of medication selection and/or medication efficacy transpired. The applicant was described as status post a shoulder corticosteroid injection. The applicant had undergone earlier shoulder surgery, it was reported. On June 29, 2015, the applicant's psychiatrist noted that the applicant was using extra strength Tylenol, Neurontin, topical LidoPro, Ambien, and Terocin patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Terocin 4-4% Qty: 30 (DOS: 04/29/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical. Decision based on Non-MTUS Citation DailyMed - TEROGIN-methyl salicylate, capsaicin, menthol.

[dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=85066887-44d0](http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=85066887-44d0) 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 (NLM), 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 primary ingredient in the Terocin compound, is not recommended except as a last-line agent, for applicants who have not responded to and/or are intolerant of other treatments. Here, however, the applicant's concomitant usage of numerous first-line oral pharmaceuticals to include extra strength Tylenol, Neurontin (gabapentin), and oral ketoprofen, taken together, effectively obviated the need for the capsaicin-containing Terocin compound at issue. Therefore, the request is not medically necessary.

**Retrospective: Lidopro Ointment QTY: 120 (DOS: 04/29/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Capsaicin, topical. Decision based on Non-MTUS Citation LIDOPRO (capsaicin, lidocaine, menthol, and DailyMed

[dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid](http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid) Dec 1, 2012 - LIDOPRO-capsaicin, lidocaine, menthol and methyl salicylate ointment.

**Decision rationale:** Similarly, the request for topical LidoPro is likewise not medically necessary, medically appropriate, or indicated here. Topical LidoPro, per the National Library of Medicine (NLM), is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the primary 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 oral ketoprofen, extra strength Tylenol, Neurontin, etc., effectively obviated the need for the capsaicin-containing LidoPro compound at issue. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, the attending provider failed to furnish a clear or compelling rationale for concurrent usage of 2 separate topical compounded agents, Terocin and LidoPro. Therefore, the request is not medically necessary.