

<b>Case Number:</b>	CM15-0181525		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	09/08/2000
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 low back pain (LBP) reportedly associated with an industrial injury of September 8, 2000. In a Utilization Review report dated September 9, 2015, the claims administrator failed to approve a request for topical Terocin patches. The claims administrator referenced an August 25, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On August 20, 2015, the applicant presented with ongoing complaints of low back pain. The applicant was using Motrin, tramadol, Lyrica, and topical Terocin patches at issue. The applicant was described as working at a rate of 28 hours a week, it was stated toward the top of the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin 4% patch (12 hrs on 12 hrs off): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain -Salicylate topicals.

**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...Oct 15, 2010 - FDA Guidances & 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 patches was not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, lidocaine, and menthol. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the secondary ingredient in the compound, is recommended only as an option for applicants who have not responded to or are intolerant to other treatments. Here, however, the applicant's concomitant usage of numerous first-line oral pharmaceuticals to include Motrin, tramadol, Lyrica, etc., effectively obviated the need for the capsaicin-containing Terocin compound in question. Therefore, the request was not medically necessary.