

<b>Case Number:</b>	CM15-0200181		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	09/14/2007
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 56-year-old female, with a reported date of injury of 07-27-2014. The diagnoses include L5-S1 unstable spondylolisthesis with severe disc disease, annular tear, disc herniation, narrowing of the lateral recess, moderate to severe bilateral foraminal stenosis and subsequent radiculopathy; lumbar facet syndrome; and reactive depression. Treatments and evaluation to date have included Elavil, Terocin patches (since at least 02-2015), Tramadol, Gabapentin, psychological examination, bilateral L5 transforaminal epidural steroid injections on 04-14-2015, and Cyclobenzaprine. The diagnostic studies to date have not been included in the medical records provided. The medical report dated 09-10-2015 indicates that the injured worker continued to have paresthesias in the lower extremities and low back pain. The injured worker's pain level rating was not indicated. It was noted that the injured worker's medications allowed her to maintain her activities of daily living. The physical examination showed mild distress, a normal gait, full strength in the lower extremities with decreased sensation in the bilateral L5 distribution, and mild depression. The treatment plan included the refill of Terocin patches, which were noted as "quite effective". The injured worker's work status was not indicated. On 07-09-2015, the injured worker rated her pain 6 out of 10. The request for authorization was dated 09-10-2015. The treating physician requested Terocin patch #30 (dispensed 09-10-2015). On 09-18-2015, Utilization Review (UR) non-certified the request for Terocin patches #30 (dispensed 09-10-2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patches, Qty 30 (retrospective dispensed 09/10/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Regarding the request for Terocin, Terocin is a combination of methyl salicylate, menthol, lidocaine and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the topical NSAID are going to be used for short duration. Additionally, there is no documentation of recent localized peripheral pain as recommended by guidelines prior to the initiation of topical lidocaine. Finally, there is no indication that the patient has been intolerant to or did not respond to all other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Terocin is not medically necessary.