

<b>Case Number:</b>	CM15-0024095		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	10/14/2011
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 59-year-old male, who sustained an industrial injury on 10/14/11. The injured worker has complaints of back pain shooting down his legs. The documentation noted on examination showed that the shoulder reveals that he has weakness of the rotator cuff and some trapezial spasm. The documentation noted that he does have good range of motion. The diagnoses have included left shoulder impingement with small rotator cuff tear and anterior labral fraying, status post debridement and subacromial decompression on 2/25/14. Bilateral hands carpal tunnel syndrome based on physical examination as well as electro diagnostic studies done in 12/2011, which showed moderate carpal tunnel syndrome and lumbar spine L5-S1 disc space collapse with bilateral neural foraminal narrowing and electromyogram on 12/2014 showing right-sided chronic S1 radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin 0.025%-25% 240gms:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin 0.025%/25% #240 g. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin contains methyl salicylate 25%, menthol 10%, Capsaicin 0.025% and lidocaine 2.5%. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are left shoulder impingement with small rotator cuff tear; bilateral carpal tunnel syndrome based on physical examination and electro diagnostic studies; lumbar spine L5 - S1 disc collapse with neural foraminal narrowing; chronic S1 radiculopathy; and alleged psychological trauma. The documentation does not specify a topical analgesic cream to be prescribed. Lidocaine in non-Lidoderm form is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Any compounded product that contains at least one drug (lidocaine and non-Lidoderm form) that is not recommended is not recommended. Consequently, Terocin 0.025%/25% #240 g is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, 0.025%/25% #240 g is not medically necessary.