

<b>Case Number:</b>	CM15-0059929		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	05/04/2014
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 62-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 4, 2014. In a Utilization Review report dated March 11, 2015, the claims administrator failed to approve a request for Terocin patches. A RFA form received on February 10, 2015 was referenced in the determination, along with progress notes dated January 15, 2015 and January 21, 2015. The applicant's attorney subsequently appealed. On December 4, 2014, the applicant reported ongoing complaints of low back pain. Naproxen, Flexeril, an electrical stimulation unit, and acupuncture were endorsed. Work restrictions were also renewed, although it was not clearly established whether the applicant was or was not working with said limitations in place. On January 21, 2015, the applicant was asked to employ topical Dendracin cream and topical Terocin patches. The applicant was using omeprazole, it was acknowledged, at this point in time. The applicant had apparently transferred care to a new primary treating provider (PTP).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Terocin patch, provided on date of service: 01/21/2015, QTY: 10:**  
 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 [dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=d9f3c4b8-7afb](http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=d9f3c4b8-7afb) Oct 1, 2010 - FDA Guidances & Information; NLM SPL Resources TEROGIN methyl salicylate, capsaicin, menthol and lidocaine hydrochloride lotion.

**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 capsaicin, methyl salicylate, menthol, and lidocaine hydrochloride. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last-line agent, in applicants who have not responded to or intolerant of other treatments. Here, however, the applicant was described as using naproxen and Flexeril with reportedly good pain relief on December 4, 2014 progress note, effectively obviating the need for the capsaicin-containing Terocin compound in question. Therefore, the request was not medically necessary.