

<b>Case Number:</b>	CM15-0081472		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	04/09/2014
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 41 year old male, who sustained an industrial injury on April 9, 2014. He reported left-sided low back pain. The injured worker was diagnosed as having chronic pain syndrome, lumbosacral sprain/strain, low back pain, myofascial pain, and sacroiliac joint dysfunction. Diagnostic studies to date have included x-rays. Treatment to date has included work modifications, chiropractic therapy, physical therapy, a stimulation unit, a stabilizing belt, cognitive behavior therapy, a functional restoration program, a home exercise program, and medications including oral pain, topical pain, tricyclic antidepressant, and non-steroidal anti-inflammatory. On May 30, the injured worker complains of constant low back pain, which is described as achy and pressure. His pain is rated 2-5/10. His pain improves with lying down, and is aggravated by prolonged sitting and standing. The use of topical pain medication (Terocin) was beneficial in decreasing his pain, allowing him to decrease his other medications, and to sleep. The physical exam revealed mild diffuse tenderness and decreased range of motion with pain of the lumbar spine. The treatment plan includes Terocin lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin lotion, quantity 1 bottle with two refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** This 41 year old male has complained of low back pain since date of injury 4/9/14. He has been treated with physical therapy, chiropractic therapy, stimulation unit and medications. The current request is for Terocin lotion, quantity 1 bottle with two refills. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Terocin lotion is not medically necessary.