

<b>Case Number:</b>	CM15-0082349		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	01/29/2014
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 32 year old male, who sustained an industrial injury on January 29, 2014. The mechanism of injury was not provided. The injured worker has been treated for low back complaints. The diagnoses have included lumbosacral sprain/strain, lumbar herniated nucleus pulposus without myelopathy and multilevel lumbar degenerative disc disease. Treatment to date has included medications, radiological studies, electrodiagnostic studies, physical therapy, chiropractic treatments and lumbar epidural steroid injections. The documentation notes that the epidural steroid injections did not help the pain. Current documentation dated April 2, 2015 notes that the injured worker reported constant severe low back pain, which radiated to the both lower extremities with associated numbness and tingling. Physical examination was not provided. The treating physician's plan of care included a request for Terocin Patches #30 with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Patches #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation [www.drugs.com/otc/terocin.html](http://www.drugs.com/otc/terocin.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for radiating low back pain. When seen, he was having constant symptoms. Medications included Tramadol and ibuprofen. Imaging results were reviewed. Medications were refilled. Terocin was prescribed. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication. In this case, the claimant's medications include the oral non-steroidal anti-inflammatory medication ibuprofen without report of adverse effect. The need to prescribe two non-steroidal anti-inflammatory medications is not established. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, Terocin is not medically necessary.