

<b>Case Number:</b>	CM14-0141743		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/17/2003
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 57-year-old female who reported an injury on 08/17/2003. The mechanism of injury was not submitted for review. Past medical treatments consist of chiropractic therapy and medication therapy. The injured worker has a diagnosis of lumbago. Medications include Ultram, Flexeril, Celebrex and Terocin. The injured worker underwent an MRI of the lumbar spine on 01/28/2010. On 08/04/2014, the injured worker complained of low back pain. There was no physical examination documented in the submitted reported. The treatment plan is for a retrospective Terocin. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS: 1/15/2014) Terocin (frequency 3-4 times daily, duration unknown) for the treatment of the lumbar spine:** Upheld

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

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

**Decision rationale:** Terocin is comprised of methyl salicylate, capsaicin and lidocaine. The California MTUS Guidelines state that topical compounds largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. Additionally, any compound product that contains at least 1 drug that is not recommended is not recommended. The guidelines state that capsaicin is recommended only as an option when patients have not responded or are intolerant to other treatments. Guidelines state that Lidoderm patches are the only topical form of lidocaine approved. The submitted documentation lacked any indication that the injured worker was not response or was intolerant to other treatments. Included medical documents lacked a failed trial of antidepressants or anticonvulsants. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS guidelines. As such, the request for retrospective Terocin is not medically necessary.