

<b>Case Number:</b>	CM14-0179116		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	06/09/2008
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Internal Medicine 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 44-year-old man with a date of injury of June 9, 2008. The mechanism of injury and injuries sustained were not documented in the medical record. Pursuant to the progress note dated September 26, 2014, the injured worker had a chronic low back pain and left knee condition for which he underwent three knee surgeries and lumbar surgery. He has attempted treatment with acupuncture, medication, and a home TENS unit. Subjective findings include 7/10 chronic left knee pain and lumbar pain, depression with good and bad days that was helped with Zoloft. The injured worker indicated that the TENS unit helped, while the acupuncture was not well tolerated. Physical examination revealed decreased lumbar flexion to mid-thigh, left knee squat to 90 degrees holding onto a table, tenderness to palpation midline lower spine with paraspinal tightness. Straight leg raises were 40 degrees on the left and 60 degrees on the right. McMurray's test was positive. The injured worker was diagnosed with post-op chronic back pain, discogenic back pain, lumbar radiculitis at L4-L5 and L5-S1, chronic left knee pain, internal meniscus tear left knee status-post surgery x 3, and depression. Medications include: Omeprazole 20mg, Fenoprofen 400mg, Topiramate 50mg, Norco 5/325mg, and Terocin cream were prescribed at this visit. Treatment plan includes: Continue medications, home exercise program, and TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Terocin cream 120ml on 9/26/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Capsaicin, Salicylate, Topical.

**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:** According to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 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. Menthol is not recommended. Topical lidocaine, in the formulation of the dermal patch, has been designated for orphan status by the FDA for neuropathic pain. In this case, the requesting physician ordered Terocin cream. Menthol is not recommended. Any compounded product that contains at least one drug (menthol) that is not recommended is not recommended. The September 26, 2014 progress note states Terocin is to be prescribed but there is no indication for its use. Consequently, Terocin is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective request for Terocin cream 120ml from September 26, 2014 is not medically necessary.