

<b>Case Number:</b>	CM14-0184586		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Family Medicine and is licensed to practice in Texas. 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:

This is a 62 year old male patient who sustained a work related injury on 2/27/14. The patient sustained the injury after being knocked down to the ground by a forklift that was backing out with trusses. The current diagnoses include left traumatic bursitis, lumbar discogenic disease, L4-L5 spondylolisthesis and lumbar facet arthrosis. Per the doctor's note dated 9/9/14, patient has complaints of low back pain at 9/10. A physical examination revealed decreased and painful range of motion, positive muscle spasm, motor strength 4/5 bilaterally in the quadriceps, positive straight leg-raise (SLR) on the left and positive Lasegue's sign on the left, reflexes intact, bilateral tenderness to palpation over the paraspinal musculature and examination of the left elbow revealed no tenderness to palpation over the bursal sac. The current medication lists include Norco and Ibuprofen. The patient has had MRI of the lumbar spine on 4/17/14 that revealed Degenerative Grade I anterolisthesis of L4 on L5, posterior disc herniation which causes stenosis of the spinal canal and right neuralforamen. The patient has received a lumbar epidural steroid injection on 09/12/14. The patient has received an unspecified number of the PT visits for this injury. The patient has used a lumbar corset for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Lotion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; and Salicylate Topicals Page(s): 111-113, 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics Page(s): 111-112.

**Decision rationale:** Terocin Lotion contains Menthol 4% and Lidocaine 4%. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Non-neuropathic pain: Not recommended....." The MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. There is no evidence in the records provided that the pain is neuropathic in nature. The records provided do not specify that trials of antidepressants and anticonvulsants have failed. Any intolerance or lack of response of oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is also no evidence that menthol is recommended by the CA, MTUS, and Chronic pain treatment guidelines. Topical menthol is not recommended in this patient for this diagnosis. The medical necessity of the request for Terocin Lotion is not fully established in this patient. The request is not medically necessary.