

<b>Case Number:</b>	CM14-0087302		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/15/2007
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 & Rehabilitation., Pain Medicine and is licensed to practice in Texas and Oklahoma 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 59-year-old male who reported an injury on 03/15/2007. The mechanism of injury reported was when the injured worker was trying to help a 500 pound man into his car. The diagnoses included post laminectomy syndrome, cervical disc disease, cervical radiculitis, cervical stenosis, lumbar herniated disc, and failed post laminectomy hardware. His treatments included medications, surgery, epidural steroid injection, and cervical epidural steroid injections. The diagnostic imaging included a CT scan. Within the clinical noted dated 05/09/2014, it was reported the injured worker complained of moderate to severe constant low back pain. He complained of left lower extremity radicular pain and numbness. He rated his pain 7 out of 10 in severity. Upon the physical examination, the provider noted the injured worker's cervical range of motion was flexion at 20 degrees, and extension at 23 degrees. The provider noted the injured worker had decreased range of motion, and tenderness to palpation over the bilateral upper trapezius. Upon examination of the lumbar spine, the provider noted decreased range of motion with apprehension. The injured worker had a bilateral positive straight leg raise at 45 degrees. The provider indicated the injured worker had tenderness to palpation over the right thigh and left lower leg. The provider requested Terocin. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin lot day supply 20 QTY: 240: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

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

**Decision rationale:** The request for Terocin lot day supply quantity 240 is non-certified. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. Terocin contains Lidocaine, Capsaicin, Menthol, and Methyl Salicylate. Capsaicin is only recommended as an option in patients who have not responded or intolerant to the treatments. Lidocaine is recommended for neuropathic pain and localized peripheral pain after there has been evidence of a trial of first line therapy. Topical Lidocaine, in the formulation of a dermal patch, Lidoderm, has been designated for orphan status by the FDA for neuropathic pain. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency of the medication. The injured worker has been utilizing the medication since at least 07/2011 which exceeds the guidelines recommendation of short term use of 4 to 12 weeks. Therefore, the request is non-certified.