MAXIMUS Federal Services

| Case Number: | CM14-0216356 | | |
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| Date Assigned: | 01/06/2015 | Date of Injury: | 07/04/2011 |
| Decision Date: | 02/24/2015 | UR Denial Date: | 12/01/2014 |
| Priority: | Standard | Application Received: | 12/24/2014 |

## 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. 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: Arizona, California
Certification(s)/Specialty: Family Practice

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

38 yr. old male claimant sustained a work injury on 7/11/11 involving the low back. He was diagnosed with L4-L5 herniated nucleous pulposis and a L4-.L5 annular tear from a prior MRI.He had recieved prior lumbar epidural injections. A prohgress note on 9/11/14 indicated the claimant had numbness in the legs and inflammantion in the sacroilliac joints. The physician prescribed Duragesic patches and topical Terocin for pain. A progress note on 12/16/14 indicated the claimant continued wot have mid backpain that raditating to the legs.The pain was aggravated with most activities. A prior EMG study in 2012 indicated L4 radiculopathy. Current exam findings were notable for limited range of motion of the lumbar spine and paraspinal tenderness. Straight leg raise test was positive on both sides.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin lotion 240ml, refill 1:** Upheld

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

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

**Decision rationale:** Terocin patch contains .025% Capsacin, 25% Methyl Salicylate, 4% Menthol and 4% Lidocaine. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety and 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. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI (serotonin-norepinephrine reuptake inhibitor) anti-depressants or an AED (antiepilepsy drug) such as gabapentin or Lyrica).In this case, there is no documentation of failure of 1st line medications. The length of use was not specified and the claimant had already been provided a long-acting opioid. In addition, other topical formulations of Lidocaine are not approved. Any compounded drug that is not recommended is not recommended and therefore Terocin lotion is not medically necessary.