

<b>Case Number:</b>	CM15-0010624		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	03/10/2007
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 with a date of injury as 03/10/2007. The current diagnosis includes lumbar radiculopathy. Previous treatments include medications, physical therapy, lumbar epidural injections, TENS unit, home exercise program, and acupuncture. Report dated 11/26/2014 noted that the injured worker presented with complaints that included low back and left leg pain. Physical examination was not performed. The physician noted that the topical medication are low risk and allow minimal medical intervention. The utilization review performed on 12/29/2014 non-certified a prescription for Terocin lotion. The reviewer referenced the California MTUS in making this decision.

### 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.

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

**Decision rationale:** According to the 11/26/2014 report, this patient presents with slightly improved low back pain and leg pain and is currently working full time. The current request is for Terocin lotion. Terocin lotion contains capsaicin/ lidocaine/ menthol/methyl salicylate. Regarding Topical Analgesics, The MTUS Guidelines page 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. MTUS states Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The current request IS NOT medically necessary.