

<b>Case Number:</b>	CM15-0014613		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 54 year old male who sustained an industrial related injury on 5/14/12. The injured worker had complaints of knee pain. Physical examination findings of bilateral knees included no tenderness, negative McMurray's tests, negative Drawer tests, and a negative Lachman's signs. Medications included Lyrica and Celebrex. Diagnoses included primary localized osteoarthritis of the lower leg and internal derangement of the knee. Treatment included a cortisone injection. The treating physician requested authorization for Terocin lotion. On 1/17/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted any compounded product that contains at least one drug or drug class that is not recommended the compound is not recommended. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Terocin Lotion (DOS 12/11/14): 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 based on Non-MTUS Citation Pain section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Retrospective Terocin lotion date of service December 11, 2014 is not medically necessary. 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Terocin lotion contains methyl salicylate, capsaicin, menthol, and lidocaine. In this case, the injured worker's working diagnoses are primary localized osteoarthritis lower leg. Lidocaine is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. Any compounded product contains at least one drug (lidocaine in lotion form) that is not recommended is not recommended. Consequently, Terocin is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Retrospective Terocin lotion date of service December 11, 2014 is not medically necessary.