

<b>Case Number:</b>	CM15-0075195		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	08/31/1993
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old male who sustained an industrial injury on 8/31/93. The diagnoses have included sprain/strain of the lumbar region, lumbar herniated disc and right sciatica. Treatment to date has included medications, diagnostics, activity modifications and home exercise program (HEP) with stretching exercises. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medications included Soma, Norco and Xanax. As per the physician supplemental report dated 7/14/14, the injured worker complains of pain in the back with moderate spasm and right side sciatica. He reports stiffness and pain in the back which has worsened. He also reports problems sleeping. The physical exam was unchanged from previous exam which revealed decreased lumbar range of motion, positive Patrick's test and Lasegue's test on the right. There was pain in the right lower extremity (RLE) and low back with lifting. It was noted that he was extremely anxious and would like to proceed with planning surgery for his back. The physician requested treatment included Retro: medication, Terocin lotion, dispensed on 2/23/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: medication, Terocin lotion, dispensed on 2/23/15: 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 analgesics Page(s): 111-112.

**Decision rationale:** The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Terocin contains the following active ingredients: Lidocaine, Capsaicin, Menthol, and Methyl Salicylate. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Lidocaine is not recommended as a topical lotion or gel for neuropathic pain, categorizing the requested compound as not recommended by the guidelines. The lack of evidence to support use of topical compounds like the one requested coupled with the lack of compelling evidence for failed treatment by other modalities and specific reasoning for an otherwise non-recommended topical makes the requested treatment not medically necessary.