

<b>Case Number:</b>	CM15-0098756		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	03/01/2004
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: Texas, Florida, California  
 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 70-year-old male, who sustained an industrial injury on 3/1/04. The injured worker was diagnosed as having right sided L5-S1 radiculopathy, bilateral trochanteric bursitis, status post bilateral total knee arthroplasty, status post lumbar laminectomy. Treatment to date has included lumbar laminectomy, oral medications including opioids. Currently, the injured worker complains of continuing lower back pain and lower extremity radiculopathy. He is noticing gradual improvement though neuropathic pain is becoming more of an issue. Physical exam noted a slow gait, full strength in both lower extremities and increase in low back pain with straight leg raise maneuvers bilaterally. A request for authorization was submitted for 2 bottles of Terocin Lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Lotion x 2 Bottles:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

**Decision rationale:** Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference, under Terocin. This claimant was injured back in 2004, now 11 years ago. There is continuing subjective low back pain. There is full strength in both lower extremities. SLR increased pain. Per the PDR, Terocin is a topical agent that contains: Methyl Salicylate 25%; Capsaicin 0.025%; Menthol 10%; Lidocaine 2.50%. The MTUS Chronic Pain section notes: Salicylate topicals: Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded. Topical Analgesics: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. These agents however are all over the counter; the need for a prescription combination is not validated. The request is not medically necessary.