

<b>Case Number:</b>	CM14-0156739		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	09/21/1998
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

According to the provided documents, this is a 68 year-old male with a date of injury on 9/21/98. The specific mechanism of injury is not documented in the available reports. The disputed treatment is a prescription of Terocin lotion addressed in a utilization review determination letter from 9/19/14. According to that determination letter this was requested in a progress report from 9/11/14. The submitted reports indicate that the patient's primary complaints are low back pain with radicular pain and are also complaints neck and mid back pain. In the last several months he has been prescribed several medications including Methadone, Norco, Xanax, Lyrica, Adderall and Namenda. The patient is not working and is considered permanent and stationary. There is mention of treatment requests recently for both physical therapy and psychiatric treatment. There is a request for authorization dated 9/11/14 for Terocin lotion and the Celebrex which is a nonsteroidal anti-inflammatory medication. Report of the same date indicates that the patient had recently been struck in the back by a car door. He has increased pain in the upper thighs, right heel and arch. An exam showed reduced range of motion of the low back, strength testing was normal, and reflexes patellar and Achilles were normal. There was heel tenderness and arch sensitivity in the right foot. Diagnosis was L4-5 and L5-S1 degenerative disc bulges with bilateral L5 radicular pain and probable right plantar fasciitis. Patient was to continue with the methadone, Norco, Lyrica, Adderall, and Xanax. He was to start the Terocin lotion and Celebrex due to increasing inflammation and pain. Results of an EMG on the right foot were pending. The report does not mention where the patient was to apply the Terocin lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription of Terocin lotion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Capsaicin, Salicylate, Topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines part 2 Topical analgesics Page(s): 111-1 to 7.

**Decision rationale:** Regarding topical analgesics, MTUS guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Per the website noted above, Terocin lotion contains Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10% and Lidocaine 2.5%. MTUS chronic pain guidelines only support use of topical Lidocaine in the formulation of a patch. The report does not document why this patient requires this particular combination of medications or why the patient should receive Lidocaine in this preparation. Therefore, this combination topical medication is not supported by the evidence or the guidelines and is not considered to be medically necessary.