

<b>Case Number:</b>	CM14-0173008		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	02/25/2003
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Physical Medicine and Rehabilitation 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:

This 48 year-old injured worker sustained an injury on 2/25/03 while employed by [REDACTED]. Request(s) under consideration include TENS Unit and Terocin Lotion 180gm. Diagnoses include lumbosacral intervertebral disc degeneration; s/p surgical arthrodesis. MRI of the lumbar spine dated 6/18/14 showed diffuse disc protrusion at L3-4 effacing thecal sac; surgical fusion at L4-5 with left annular tear and disc protrusion. Report of 9/2/14 from the provider noted the injured worker with ongoing chronic severe low back pain radiating to right leg. Conservative care has included medications, physical therapy, and modified activities/rest. Exam showed diffuse lumbar tenderness, spasm and decreased range of motion with positive SLR, weakness and decreased sensation. Recent lumbar spine x-rays dated 7/19/14 showed s/p L4-5 fusion with intact hardware and osteophyte formation. Treatment plan included TENS unit, lumbar epidural steroid injection, with medication refills. The request(s) for TENS Unit was modified for one month trial and Terocin Lotion 180gm was non-certified on 10/16/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS Page(s): 114-117.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the injured worker has received extensive conservative medical treatment to include chronic analgesics, extensive physical therapy, epidural steroid injections, activity modifications, yet the injured worker has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, whether this is for rental or purchase, nor is there any documented short-term or long-term goals of treatment with the TENS unit. Although the injured worker was provided a one month TENS trial, there is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the physical therapy treatment already rendered. The TENS Unit is not medically necessary.

**Terocin Lotion 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate Page(s): 105.

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

**Decision rationale:** The provider has not submitted any new information to support for topical compound analgesic Terocin which was non-certified. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswellia Serrat and topical Lidocaine are specifically "not recommended" per MTUS. Per FDA, topical lidocaine as an active ingredient in Terocin is not indicated and places unacceptable risk of seizures, irregular heartbeats and death on injured workers. The provider has not submitted specific indication to support this medication outside of the guidelines and directives to allow for certification of this topical compounded Terocin. Additionally, there is no demonstrated functional improvement or pain relief from treatment already rendered for this chronic 2003 injury nor is there any report of acute flare-up, new red-flag conditions, or intolerance to oral medications as the injured worker continues to be prescribed oral medications. The Terocin Lotion 180gm is not medically necessary.