

<b>Case Number:</b>	CM13-0048559		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	04/24/2005
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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

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 66-year-old female, with a reported date of injury of 04/24/2005. The results of the injury were left knee pain and right shoulder pain. The current diagnoses include right rotator cuff tear, left knee osteoarthritis, and status post left knee arthroscopy. The past diagnoses include right rotator cuff tear, and left knee osteoarthritis. Treatments have included Lidoderm patch, Vicodin, Norco, acupuncture, and physical therapy. The reports for acupuncture and physical therapy were not included in the medical records provided for review. The medical report dated 09/19/2013 indicates that the injured worker noted no change in her left knee pain or right shoulder pain. The knee continued to swell and give out. She rated her right shoulder pain a 6 out of 10. It was noted that the medial knee pain was caused by the McMurray's procedure. A physical examination of the right shoulder showed abduction at 90 degrees; isolated supraspinatus testing with pain and weakness; tenderness of the right biceps tendon sheath and subacromial space; and tenderness along the left medial joint line with 1+ effusion. The injured worker's status was permanent and stationary. The treating physician did not indicate why the Terocin lotion was recommended. On 10/09/2013, Utilization Review (UR) denied the request for two (2) bottles of Terocin Lotion; apply three (3) times a day to the affected area as needed for pain. The UR physician noted that Terocin contains methyl salicylate, capsaicin, menthol, and lidocaine. The guidelines indicate that capsaicin is recommended only as an option in patients who have not responded to other treatments; lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy; and lidocaine is not recommended for non-neuropathic pain. The Chronic Pain Guidelines were cited.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TEROCIN LOTION 2 BOTTLES, APPLY 3 TIMES A DAY TO AFFECTED AREA AS NEEDED FOR PAIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 105, 112-113.

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

**Decision rationale:** Terocin Cream and/or patches are a compounded blend of several over the counter products plus lidocaine 2.5%. MTUS Chronic Pain Guidelines specifically do not support the use of topical lidocaine 2.5% for chronic pain conditions. The Guidelines specifically state that if a single ingredient is not recommended the compound is not recommended. Per MTUS Guidelines standards, the compounded Terocin is not medically necessary.