

Case Number:	CM13-0006387		
Date Assigned:	12/13/2013	Date of Injury:	11/18/2006
Decision Date:	02/25/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 32 year-old female sustained a low back hyperextension injury after being pushed on 11/18/06 while employed by the [REDACTED]. Prior to injury, the patient is s/p left knee chondroplasty in 1998 and 2001. Request under consideration include retrospective review for Drug Pharmacy Purchase of New Terocin Lotion 240ml for date of service 7/03/2013. Medications list on 3//27/13 report include Tramadol, Protonix, Anaprox, Fexmid, Orudis, Effexor, Neurontin, Terocin Lotion, and Medrox patches, and Vimovo. Report of 4/18/13 from [REDACTED] noted the patient complained of left knee pain, unable to full extend it. Exam showed tenderness along the left patellar face; however without ligamentous instability noted. Diagnoses include history of left knee arthroscopy and left knee chondromalacia. Previous medical care has included physical therapy, work hardening, medications, synvisc injection, diagnostics, and surgery. Treatment plan is for refill of Terocin Lotion. Request was non-certified on 7/18/13 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:

Retrospective review for Drug Pharmacy Purchase of New Terocin Lotion 240ml for dos 07/03/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: [REDACTED] has not provided any new information to support for topical compound analgesic Terocin which was non-certified on 7/18/13. Per manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswelia Serrat, and other inactive ingredients. Per MTUS, medications should be trialed one at a time and is against starting multiples simultaneously. In addition, Boswelia serrata 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 patients. 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. Retrospective review for Drug Pharmacy Purchase of New Terocin Lotion 240ml for dos 07/03/2013 is not medically necessary and appropriate.