

<b>Case Number:</b>	CM13-0010706		
<b>Date Assigned:</b>	09/20/2013	<b>Date of Injury:</b>	06/28/2011
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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:

The patient is a 56-year-old female who reported a work-related injury on 06/28/2011; specific mechanism of injury was not stated. The patient presents for treatment of the following diagnoses: left knee injury status post left knee surgery in 2011, resultant degenerative changes in the left knee, rule out internal derangement left knee with residual problems, and right knee internal derangement as a compensable consequence. The clinical note dated 07/08/2013 reports the patient was seen for followup of her chronic pain complaints under the care of [REDACTED]. The provider documents the patient reports pain to the left knee at 10/10; however, improvement with medications is reported. The patient is requesting refill of her medication regimen. The patient is utilizing physical therapy; however, reports this is minimally effective for her pain complaints. Upon physical exam of the patient, normal reflex, sensory, and power testing to the bilateral upper extremities and bilateral lower extremities was noted. Straight leg raise and bowstring were negative bilaterally. The patient had normal gait and mild left knee tenderness. The patient could heel and toe walk bilaterally. Femoral stretch was negative bilaterally. The provider refilled the patient's Terocin lotion x2, Fexmid 7.5 mg #60, and Ultram 150 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin lotion 120ml (2 bottles) (DOS: 7/8/2013): Upheld**

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

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

**Decision rationale:** The current request for Terocin lotion 120ml (2 bottles) (DOS: 7/8/2013) is not supported. The clinical documentation submitted for review reports the employee continues to present with bilateral knee complaints status post a work related injury sustained in 06/2011. The current request previously received an adverse determination due to lack of guideline support for this medication. Topical NSAIDs have been shown to be beneficial in the first 2 weeks of treatment, but not afterward or with a diminishing effect over time. California MTUS indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is a lack of documentation evidencing the employee's reports of positive efficacy with the current medication regimen and rate of pain was noted to be 10/10. The request for Terocin lotion 120ml (2 bottles) (DOS: 7/8/2013) is not medically necessary and appropriate.

**Fexmid (Cyclobenzaprine) 7.5mg #60 (DOS: 7/8/2013):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Muscle relaxants (for pain)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review reports the employee continues to present with bilateral lower extremities pain complaints status post a work related injury sustained in 06/2011. The clinical notes document the employee reports a pain rating of 10/10. Efficacy is questionable with the employee's current medication regimen. In addition, the MTUS indicates that Cyclobenzaprine is recommended as an option using a short course of therapy. The clinical notes do not reveal the employee had been utilizing this medication, nor the clear efficacy of this intervention for the employee's pain complaints. The request for Fexmid (Cyclobenzaprine) 7.5mg #60 (DOS: 7/8/2013) is not medically necessary and appropriate.