

Case Number:	CM13-0020313		
Date Assigned:	12/20/2013	Date of Injury:	06/30/2010
Decision Date:	02/14/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/05/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for severe left knee arthritis reportedly associated with an industrial injury of June 30, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; a left knee total knee arthroplasty surgery on July 24, 2013; oral opiates, including Norco; topical compounds, including Terocin; and extensive periods of time off of work, on total temporary disability. The formatting makes it very difficult to follow the rationale. In a utilization review report of August 27, 2013, the claims administrator denied a request for topical Terocin. In a subsequent note of November 26, 2013, the applicant is given prescriptions for oral Percocet and topical Terocin cream while remaining off of work, on total temporary disability. Manipulation under anesthesia procedure is being sought for development of a postoperative left knee flexion contracture. An earlier note of October 8, 2013 states that the applicant is using both oral Naprosyn and topical Terocin for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin (cream) for treatment of the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS)-Adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in chapter 3, oral pharmaceuticals are a first line palliative method. In this case, there is no evidence of intolerance to and/or failure of first line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds which are, per page 111 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines "largely experimental." In this case, it appears that the applicant is using first-line medications, including oral Norco and Percocet, without any reported difficulty, impediment, and/or impairment. No compelling rationale for usage of the Terocin topical compound was provided so as to try and offset the unfavorable California Medical Treatment Utilization Schedule (MTUS) recommendation. Accordingly, the request remains non-certified, on independent medical review