

Case Number:	CM13-0034047		
Date Assigned:	12/06/2013	Date of Injury:	05/31/2007
Decision Date:	01/17/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/11/2013

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 patient is a 62-year-old male who fell backwards and extended his left knee on 5/31/2007. He has had conservative treatment. He had an arthroscopic surgery of his left knee on February 27th, 2008. He had a repeat surgery on January 28th, 2009. He has had extensive physical therapy. He was recommended cortisone injection in his left knee, and to be consulted by pain management. Pain management has recommended medications such as nortriptyline, anti-inflammatories, muscle relaxers and topical medications. Report dated 9/25/13 indicates that the patient still has 8/10 pain, and recommends xylocaine trigger point injections, nortriptyline, and Terocin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): s 111-112.

Decision rationale: Terocin Is a topical pain relief medication that includes methsalicylate, Capsaicin, Menthol and lidocaine. The MTUS Chronic Pain Guidelines do not recommend

lidocaine in any other formulation except for the Lidoderm patch. Page 112 states that, "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Therefore, as this medication is not indicated by CA MTUS, this medication request is not medically necessary.