

Case Number:	CM13-0043187		
Date Assigned:	12/27/2013	Date of Injury:	10/14/1994
Decision Date:	03/20/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/22/2013

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 63-year-old female who reported injury on 10/14/94. The mechanism of injury was a slip and fall. The patient's diagnoses include severe osteoarthritis of the right knee, possible medial meniscus tear of the left knee, right knee osteoarthritis, residual osteoarthritis of the left knee, resolving right lateral epicondylitis, right hip greater trochanteric strain bursitis, lumbar spine sprain/strain with multilevel degenerative disc disease, and right ankle sprain/instability. The request was made for Orthovisc for the left knee, and Terocin cream.

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 Chronic Pain Medical Treatment Guidelines..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 28,105,111-112.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, any compounded product that

contains at least one drug (or drug class) that is not recommended is not recommended. Terocin is a topical analgesic containing capsaicin, lidocaine, menthol, and methyl salicylate. Capsaicin is recommended only as an option for patients who have not responded to other treatments. Lidocaine is only recommended in the form of Lidoderm patches; no other topical formulations are indicated. The clinical documentation submitted for review did not indicate that the patient had not responded to other treatments, and there was no rationale indicating the reason to stray from guideline recommendations. Neither Capsaicin nor Lidocaine are recommended. Furthermore, the request did not indicate the quantity requested. As such, the request for Terocin is noncertified.