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| Case Number: | CM13-0047017 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 09/26/2011 |
| Decision Date: | 02/27/2014 | UR Denial Date: | 10/09/2013 |
| Priority: | Standard | Application Received: | 10/30/2013 |

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, 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 66-year-old male who reported a work-related injury on 09/26/2011 as a result of a fall. The patient presents for treatment of status post right knee arthroscopic surgery as of 03/15/2013. Clinical note dated 09/12/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient continues to report right constant knee pain, which is aggravated by ambulation. Upon physical exam, the patient ambulated with an antalgic gait, right-sided limp, active range of motion of the knee was 0 to 110 degrees. The provider documented the patient utilizes Voltaren 100 mg 1 tab by mouth every day; Protonix 20 mg 1 tab by mouth twice a day; Lortab 7.5/500 mg 1 tab by mouth at bedtime; and Ambien 10 mg 1 tab by mouth at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective request for Terocin lotion 120ml: Upheld

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's reports of efficacy with the requested topical analgesic. California MTUS indicates topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. There was a lack of documentation of the patient's reports of efficacy with the requested topical analgesic, as California MTUS recommends this mode of pain relief only for treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants. Given all the above, the retrospective request for Terocin lotion 120 ml is not medically necessary or appropriate.