

Case Number:	CM13-0047426		
Date Assigned:	12/27/2013	Date of Injury:	02/19/2009
Decision Date:	04/30/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/01/2013

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 Anesthesia, has subspecialties in Acupuncture and Pain 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:

This patient is a 41 year old female injured worker with date of injury 2/19/09 with related pain of the bilateral knees. She is diagnosed status post left knee arthroscopy, rule out recurrent internal derangement of the left knee; and status post right knee arthroscopy 2/15/13, with evidence of advanced degenerative joint disease. MRI of the left knee on 4/6/12 revealed fluid within the knee joint, a 5mm cyst in the popliteal fossa, with no meniscal tears or other signs of internal derangement. MRI of the right knee on 5/25/12 revealed joint effusion but no meniscal tears or other signs of internal derangement, and no fractures or other focal abnormalities visualized. She has been found to have Grade III chondromalacia of the medial femoral condyle, Grade III chondromalacia of the medial tibial plateau and Grade II chondromalacia patella of the lateral compartment and patellofemoral joint. The patient also has tricompartmental osteoarthritis. She has been treated with physical therapy and numerous cortisone injections before and after her surgery. She is refractory to medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 60, 106, 111-113..

Decision rationale: Terocin patches are comprised of capsaicin, lidocaine, menthol, methyl salicylate, and boswellia serrata. There are no evidence-based recommendations regarding the topical application of menthol. The California MTUS Guidelines state that any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. In this case, Terocin Patches contain menthol, which is not recommended for topical use. Therefore, the requested Terocin Patches are not medically necessary or appropriate.