

Case Number:	CM13-0047846		
Date Assigned:	12/27/2013	Date of Injury:	06/27/2011
Decision Date:	05/02/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology and 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 expert 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 injured worker is a 50-year-old male who reported a work-related injury on 6/27/11. The mechanism of injury was a slip and fall. Medication history included Terocin lotion as of 2011. The documentation of 6/27/13 revealed right knee, hip and pelvis pain rated at 6-7/10. The injured worker was continuing a home exercise program and was not taking medications for pain. The diagnoses include right knee degenerative joint disease (DJD), medial and lateral meniscus tears, and moderate to severe right knee DJD. The request was made for Medrox patches, a follow-up visit, and six additional chiropractic treatments for the right knee, hip and pelvis.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO, TEROGIN PAIN PATCH BOX (10 PATCHES), (9/19/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The California MTUS indicates 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. Guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per dailymed.nlm.nih.gov, Terocin patches contain topical Lidocaine and Menthol. With regard to Lidocaine, no commercially approved topical formulations (whether creams, lotions or gels) are indicated for neuropathic pain, apart from Lidoderm patches. The California MTUS guidelines recommend treatment with topical salicylates. The clinical documentation submitted for review indicated the injured worker had taken Terocin lotion as of 2011. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. Additionally as the injured worker previously was using the Terocin lotion, there was lack of documentation indicating the efficacy of the requested medication. The request as submitted failed to indicate the frequency and strength of the requested pain patch. There was no DWC Form RFA nor a PR-2 submitted requesting the treatment. Given the injured worker had taken the medication for longer than two years, the request is not medically necessary.