

Case Number:	CM13-0048281		
Date Assigned:	06/09/2014	Date of Injury:	08/22/2003
Decision Date:	07/25/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/05/2013

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 Physical Medicine and Rehabilitation 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 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 57-year-old male who reported an injury on 08/22/2003. The mechanism of injury was noted to be a fall. The injured worker's prior treatments included physical therapy and surgery. The injured worker's diagnosis was noted to be status post left anterior cruciate ligament tear. The injured worker had a clinical evaluation on 07/20/2013. He had complaints of pain and weakness in the right knee. The pain was aggravated by rotation and motion. Upon examination there was no soft tissue swelling. There was tenderness to palpation. There was decreased strength when elevating/abducting the right knee against resistance. The injured worker was referred for an MRI/MR arthrography evaluation of the right knee for internal derangements. The provider's rationale for the request was not provided in the documentation. The Request for Authorization of Medical Treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compounds (terocin 240mg, flurbi 180gm, somcicin 30caps, laxacin 100 tabs and gabacyclotram 180 gms for bilateral knees and lumbar spine: Upheld

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

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

Decision rationale: The request for topical compounds (Terocin 240 mg, flurbi 180 grams, somcicin 30 caps, Laxacin 100 tabs, and gabacyclotram 180 grams) for bilateral knees and lumbar spine is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Terocin is a topical pain relief lotion that contains methyl salicylate, capsaicin, menthol, and lidocaine. Terocin contains at least 1 drug (lidocaine) that is not recommended, therefore, based on the guidelines, the topical cream is not recommended. The request is nonspecific for the topical compounds and lacks a frequency for application of the topical cream. Therefore, the decision for topical compounds Terocin 240 mg, flurbi 180 grams, somcicin 30 caps, Laxacin 100 tabs, and gabacyclotram 180 grams for the bilateral knees and lumbar spine is non-certified.