

<b>Case Number:</b>	CM13-0051795		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/31/2010
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 claimant is a 61-year-old female injured in a work related accident on March 31, 2010. The medical records provided for review include a January 14, 2014, note documenting re-evaluation of the claimant's right knee, for which she underwent a revision arthroscopy in March 2013. The note states that the claimant is "overall doing well." She is reported as postoperatively utilizing physical therapy, medications and activity modification. Physical examination showed 0 to 110 degrees range of motion with patellar tenderness. There were well-healed portal sites. Examination of the left hip showed tenderness to the trochanteric bursa and a positive Fabere's test. Working assessment on that date was status post right knee arthroscopy times 2. Recommendations were for continuation of a stretching and home exercise program, icing, and the use of anti-inflammatory agents and a topical gel. Postoperative clinical imaging is not noted. Based on the claimant's current complaints, this request is for Terocin cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE OUTPATIENT PHARMACY PURCHASE OF TEROGIN LOTION 120 ML FOR DATE OF SERVICE 10/09/2012: Upheld**

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

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

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, the request for Terocin cannot be recommended as medically necessary. Terocin is a combination of menthol methylsalicylate, Capsaicin, and Lidocaine. The MTUS Chronic Pain Guidelines do not support the use of capsaicin or Lidocaine as a first-line treatment option for individuals noted to be doing well following surgery. There is also no documentation of the use of first-line agents as supported by the criteria. Therefore, the need of Terocin containing second-line, topical agents would not be indicated as medically necessary.