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| Case Number: | CM13-0054398 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 02/14/2012 |
| Decision Date: | 05/02/2014 | UR Denial Date: | 11/06/2013 |
| Priority: | Standard | Application Received: | 11/19/2013 |

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 patient is a 42-year-old male who reported an injury on 02/14/2012. The patient was reportedly pushing a heavy table on wheels when a [REDACTED] truck struck the front of the table, throwing the patient 4-5 feet. The patient is currently diagnosed with right tennis elbow and left knee synovitis. The current request is for the medication Terocin provided on 01/09/2013. However, there was no physician progress report submitted on the requesting date. The patient was seen by [REDACTED] on 12/17/2012. The patient reported persistent right elbow pain. Physical examination revealed tenderness to palpation with decreased range of motion of the left knee, as well as tenderness at the lateral epicondyle of the right elbow. Treatment recommendations included Terocin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PROVIDED ON 01/09/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL/COMPOUNDED MEDICATIONS, TOPICAL ANALGESICS Page(s): 121-12. Decision based on Non-MTUS Citation ODG OFFICIAL DISABILITY GUIDELINES, CHRONIC PAIN CHAPTER, TOPICAL MEDICATIONS.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. As per the documentation submitted, there is no evidence of a failure to respond to first-line oral medication prior to initiation of a topical analgesic. There was also no strength or quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.