

Case Number:	CM13-0060406		
Date Assigned:	12/30/2013	Date of Injury:	09/10/2010
Decision Date:	05/02/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/03/2013

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 patient is a 36-year-old female with a date of injury on 9/10/10. The patient has suffered injuries to the left knee joint and has undergone significant treatment including left knee arthroscopy along with meniscectomy and chondroplasty for degenerative joint disease. She has also undergone physical therapy. Her knee joint pain and dysfunction persisted, the treating physician requested prescription for naproxen 550 mg as well as if Terocin patch for topical use. Medical reviewer on 11/15/13 certified the use of naproxen but not the Terocin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF TEROGIN PATCH #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 90-611.

Decision rationale: Terocin patch contains menthol 4% and lidocaine 4%. It is a topical analgesic and is recommended for temporary relief for minor aches and muscle pains associated with arthritis, simple backache, strains and muscle soreness and stiffness, according to the manufacturer's recommendations. The MTUS does not have specific guidelines regarding this type of patch. However according to ACOEM lidocaine/lidoderm patch, is recommended for

localized neuropathic pain after there has been evidence of a trial of first line therapy consisting of tricyclic or serotonin-nor epinephrine reuptake inhibitor (SNRI) antidepressants or anti-epileptic drugs such as gabapentin or Lyrica; similar recommendation provided by official disability guidelines. Therefore this patient's knee joint pain does not meet the criteria for such treatment.