

Case Number:	CM13-0061932		
Date Assigned:	12/30/2013	Date of Injury:	12/25/2012
Decision Date:	04/11/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, Pain Medicine 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 physician 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 who reported an injury on 10/25/2012. A review of the medical record reveals the patient has degenerative osteoarthritis of the knee. The patient has received prior hyaluronic injections to the knee due to the patient's degenerative joint disease in the right knee. The most recent clinical note dated 11/18/2013 reveals the patient complains of bilateral knee, right shoulder, right elbow, and right hand and wrist pain. She continues with wrist splinting, which provided her with temporary relief. The patient had 1 and a series of 3 Orthovisc injections to the right knee, and would like to proceed with a second. She continued to have severe right elbow complaints rated 10/10 on the VAS. The patient states her overall pain is worse with activity, such as prolonged walking, and any repetitive pushing, pulling, and lifting. The patient states she did not notice any benefit to the right knee as of yet from the previous Orthovisc injection. The patient's gait was mildly antalgic with the use of a single-point cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch, 10 count in one box: 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): 111-113.

Decision rationale: Per California MTUS Guidelines, it is stated that topical analgesics are recommended only as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is also stated that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety of its use. There is no documentation in the medical record of any failed attempts at the use of antidepressants and anticonvulsants to treat the patient's condition. As such, the medical necessity for the requested service cannot be determined at this time. Therefore, the request for Terocin patch, 10-count in 1 box, is non-certified.