

Case Number:	CM13-0063805		
Date Assigned:	12/30/2013	Date of Injury:	06/30/2010
Decision Date:	06/12/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/11/2013

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 66 year old female with date of injury 6/30/10. The mechanism of injury is described as the patient falling and twisting her left knee. The patient has complained of right shoulder pain and left knee pain since the date of injury. The patient has been treated with acupuncture, physical therapy and medications. No surgeries have been reported to date. MRI of the left knee dated 05/2013 revealed medial and lateral meniscus tears. Objective: antalgic gait, crepitus with range of motion of the right shoulder, painful range of motion of the right shoulder, crepitus with right knee range of motion. Diagnoses: chronic pain, primary osteoarthritis in multiple sites. Treatment plan and request: Terocin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO TEROGIN CREAM FOR KNEE 240GM DISPENSED 10/30/2013.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

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

Decision rationale: Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for

the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Terocin cream is not indicated as medically necessary.