MAXIMUS Federal Services

Case Number:	CM13-0066018		
Date Assigned:	01/03/2014	Date of Injury:	04/12/2011
Decision Date:	04/18/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/12/2013

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 58-year-old female who reported an injury on 04/12/2011 due to a slip and fall reportedly causing injury to her right knee and lumbar spine. The patient ultimately developed early medial compartment arthritis and right knee pain that failed to adequately respond to corticosteroid injections. The patient's chronic pain was managed with multiple medications to include Percocet 10/325 mg, Soma 350 mg, and Voltaren extended release 100 mg. A trial of Terocin patches was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The requested Terocin patches are not medically necessary or appropriate. The requested medication is a compounded topical analgesic that contains methyl salicylate, menthol, and Capsaicin, and Lidocaine. The California Medical Treatment Utilization Schedule does recommend the use of methyl salicylate and menthol in the management of osteoarthritic

pain. The clinical documentation submitted for review does indicate that the patient has osteoarthritis related pain. Additionally, the California Medical Treatment Utilization Schedule recommends the use of Capsaicin as a topical analgesic when the patient has failed to respond to other types of chronic pain management. The patient is on multiple medications and has persistent pain complaints that would benefit from the addition of a Terocin patch. Additionally, the patient has failed to respond to injection therapy. However, the requested medication contains topical Lidocaine. The California Medical Treatment Utilization Schedule recommends topical Lidocaine for neuropathic pain that has failed to respond to oral anticonvulsants. The clinical documentation submitted for review does not provide any evidence that the patient's pain is neuropathic in nature and would benefit from the use of Lidocaine. Additionally, there is no documentation that the patient has failed to respond to oral anticonvulsants prior to the trial of the Terocin patches. Additionally, the request as it is written does not provide a frequency, dosage, or duration of treatment. Therefore, the appropriateness of the request cannot be determined. As such, the requested Terocin patches are not medically necessary or appropriate.