

<b>Case Number:</b>	CM14-0104472		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/06/2008
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 injured worker is a 61-year-old male who reported an injury on 11/06/2008. The mechanism of injury was not provided for clinical review. The diagnoses include lumbar discopathy, sleep apnea, hypertension, benign prostatic hyperplasia, chronic opioid treatment, hypercholesterolemia, degenerative joint disease. Previous treatments included medication and physical therapy. Diagnostic testing included an MRI. Within the clinical note dated 05/27/2014, it was reported the injured worker complained of bilateral knee pain and low back pain. He complained of chronic low back pain. Upon the physical examination, the provider noted the lumbar range of motion was limited. The injured worker had tenderness to palpation to the lumbar paraspinals with muscle spasms. The injured worker had medial joint line tenderness along both knees. The provider requested Terocin cream. However, the rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin Cream 240ml; 2 bottles ointment for 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

**Decision rationale:** The request for Terocin cream 240 mL 2 bottles ointment for 6 months is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of a knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. In addition, the injured worker has been utilizing the medication since at least 01/2014 which exceeds the guideline's recommendation of short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.