

Case Number:	CM14-0011085		
Date Assigned:	02/21/2014	Date of Injury:	12/13/2011
Decision Date:	08/04/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/28/2014

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 Occupational Medicine 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:

This is a 49-year-old male with a 12/13/11 date of injury. The mechanism of injury was not noted. In a progress note dated 12/30/13, the patient presented with continued pain in the right knee. The patient is status post right meniscus repair. He was also requesting viscosupplementation injection, Synvisc. Objective findings include positive crepitation to the lateral aspect of the right knee with extension and flexion. There is a positive reproduction of pain with eversion to the lateral aspect of the right knee. There is positive swelling when compared to the left. Otherwise, the right knee is stable. Diagnostic impression: Osteoarthritis right knee, status post meniscus repair of right knee. The treatment to date includes medication management, activity modification, surgery and physical therapy. A UR decision dated 1/9/14 denied the request for Terocin lotion. Terocin lotion is a topical analgesic containing Menthol and Lidocaine, an anesthetic agent. Guidelines do not endorse the use of either of these agents for this patient's diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin cream 12ml: 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: An online search revealed that Terocin is a Topical Pain Relief Lotion containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. California MTUS Chronic Pain Medical Treatment Guidelines do not recommend compound medications including Lidocaine (in creams, lotion or gels), for topical applications. In addition, California MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. While guidelines would support a Capsaicin formulation, the above compounded topical medication is not recommended. This is a request for a lotion formulation in which Lidocaine is an ingredient. Due to the lack of ability to control the exact amount applied and absorbed, there is a risk of systemic toxicity. A specific rationale identifying why Terocin would be required in this patient despite lack of guidelines support was not identified. Therefore, the request for Terocin cream 12 ML was not medically necessary.