

<b>Case Number:</b>	CM14-0015264		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Orthopedic Surgery, 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 patient is a 49 year old female who was injured on 06/12/2012 while a classroom door struck her on the right shoulder, right arm and the buttock area. Prior treatment history has included physical therapy, psychotherapy, injection to the right shoulder and sacroiliac joint. The patient underwent arthroscopic left ankle surgery on 04/19/2013 and 10/31/2013 a left knee arthroscopy. Her medications include: 1. Motrin 2. Prilosec 3. Tylenol ES 4. Flexeril 5. Topical analgesic cream 6. Prozac 20 mg PR-2 dated 01/30/2014 documented the patient had received a cortisone injection to the right knee on 08/21/2013 and arthroscopic surgery on 10/31/2013. The patient is ambulatory and having less knee pain. She continues to experience pain in her neck that radiates towards both of her shoulders. Sometimes she feels a tingling down her right arm. She continues experiencing lower back pain. The x-rays revealed right AC joint arthritis and tendinopathy of the supraspinatus tendon. The x-rays revealed right AC joint arthritis and tendinopathy of the supraspinatus tendon. The patient's left ankle subtalar joint arthroscopic surgery with removal of the Orthopedic Surgery trapezius with relief of pain but she developed pain and swelling in her left knee with MRI soon showing a torn posterior horn medial meniscus. On 08/20/2013 she had MRI of the right knee that showed osteochondral defect in the medial tibial plateau measuring .7 x .5 cm along an oblique tear involving the body of the posterior horn. Objective findings on exam revealed cervical range of motion is about 45 degrees to the right and left side. The patient has persistent considerable tenderness over the right AC joint. The patient is able to flex to come within 4 inches of touching her toes with minimal increasing lower back pain. Her left knee reveals moderate joint effusion and tenderness over the medial meniscus but the tenderness is less as a result of the left cortisone injection she had to her left knee on 01/23/2014. She has pain in the right knee with swelling also. The right knee arthroscopic surgery has been delayed until the left knee has shown additional recovery. The left knee reveals

a minimal effusion with healed arthroscopic incisions medially and laterally. Treatment Plan: Authorization for right knee arthroscopic surgery is requested and Terocin patches. UR report dated 01/14/2014 denied the request for Terocin patch #30 because the guide criteria have not been met. Topical medications have not been adequately proven with regards to overall efficacy and safety. These are insufficient large-scale, randomized, controlled references showing the safety and efficacy of the requested compound prescription in this claimant's clinical scenario.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **TEROCIN PATCH, #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, TOPICAL ANALGESICS,

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

**Decision rationale:** Terocin patch contains lidocaine and menthol. As per CA MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, this patient has been treated with Prozac, but there is no documentation that the patient has tried and failed anticonvulsant agents. The provider has requested right knee arthroscopic surgery and Terocin patches, however, topical lidocaine is not recommended for non-neuropathic pain. Further guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the request for Terocin patch is not medically necessary and appropriate.