

<b>Case Number:</b>	CM14-0016775		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	11/18/2006
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Internal 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:

The injured worker is a 33-year-old woman police officer with a date of injury of November 18, 2006. The mechanism of injury occurred when she was unloading a suspect for booking into a jail when the suspect pushed back forcing her against the car, which caused her to hyperextend her back. The current diagnoses are: Left grade IV chondromalacia of the lateral patella, status-post surgeries in 1998 and 2001; 4 mm L4-L5 disc protrusion. Treatment has included: Left knee surgery; physical therapy, modified work; medications, July 20, 2012 bilateral L3-S1 facet injections. A progress note dated June 18, 2012 instructed IW to continue the use of the Terocin cream TID applied to the spine. In the most recent report on file, dated January 15, 2014, the primary treating physician notes: Subjective: The injured worker notes no change in her chronic back pain radiating to the posterior leg with calf and foot numbness and left knee pain. She states she has moderate pain at rest, moderate pain going up stairs, moderate pain going down stairs, severe pain with bending, and severe pain with activities. Objective: She is lacking 40 degrees of active knee extension due to catching. There is 1+ left patellofemoral crepitation. McMurray's procedure causes medial pain. The patella does not appear to be unstable. Current medications: Pantoprazole, TENS 504, Terocin, Tramadol ER 100mg, and Vimovo 375/20mg (Naproxen-Esomeprazole). MRI of the left knee dated May 21, 2013 was remarkable for Patellofemoral arthritis limited to the lateral facet of the patella. Impression: Knee DJD/OA (715.16), left knee patellofemoral osteoarthritis. Plan: She does have a tight lateral retinaculum and may benefit from a lateral release for a limited amount of time, along with Visco supplementation injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of TENS unit and supplies times (6) months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of TENS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); TENS.

**Decision rationale:** Pursuant to the California MTUS Chronic Pain Medical Treatment Guidelines, the purchase of a TENS unit and supplies for six months is not medically necessary. The Chronic Pain Treatment Guidelines do not recommend Tens as an isolated therapeutic intervention and it only recommends one month trial. The trial needs to be documented in the medical record. Other ongoing pain treatment should also be documented the medical record, in addition to specific short and long-term goals. In this case, the treating physician requested a TENS unit purchase. The guidelines are clear. A one month trial period of the tens unit is required with appropriate documentation. Based on the clinical information in the medical record and the evidence-based peer-reviewed guidelines, the TENS unit for purchase and 6 months of supplies is not medically necessary.

**Terocin lotion:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Topical Analgesics

**Decision rationale:** Pursuant to the California MTUS Chronic Pain Medical Treatment Guidelines, Terocin lotion is not medically necessary. The Chronic Pain Treatment Guidelines do not recommend topical analgesic compounds. They considered them highly experimental without proven efficacy and safety. Additionally, they are only recommended after failed first line treatment with antidepressants or anticonvulsants. The ingredients in Terocin lotion vary by manufacturer. Terocin contains as few ingredients as Lidocaine and menthol in one manufacturer and in another it contains Methyl Salicylate, Capsaicin, Menthol and Lidocaine. The guidelines state "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there is no documentation to support the use of anti-inflammatories or anticonvulsants as a first-line treatment. As noted above, these compounds are highly experimental without proven efficacy and safety. Based on the clinical information in the medical record and the peer-reviewed, evidence-based guidelines, Terocin lotion is not medically necessary.

