

<b>Case Number:</b>	CM14-0112301		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/09/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and Nevada. 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 55 year old female who suffered work related injuries on 03/09/12. No clinical documentation of mechanism of injury was provided. Most recent medical record submitted for review was dated 06/03/14. The injured worker had a follow up visit for severe bilateral hip pain, diffuse throughout the hip, difficulty walking, sleeping, and performing activities of daily living. Physical examination included decreased range of motion bilaterally, pain throughout the arc of motion of her hips, and positive impingement testing, antalgic gait. X-rays of bilateral hips showed complete loss of joint space, subchondral sclerosis and osteophyte formation. The injured worker was diagnosed with severe bilateral hip osteoarthritis and osteoarthritis. Treatment included medications, physical therapy, injections, and a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for unknown prescription (Terocin 240 ml) of anti-inflammatory cream between 06/03/2014 and 06/03/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Menthol.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, "Salicylate topicals are recommended in the treatment of chronic pain. This compound is known to contain capsaicin, Lidocaine, menthol, and methyl salicylate." Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the retrospective request for unknown prescription (Terocin 240 ml) of anti-inflammatory cream between 06/03/2014 and 06/03/2014 cannot be recommended as medically necessary.