

Case Number:	CM14-0136467		
Date Assigned:	09/03/2014	Date of Injury:	04/06/2011
Decision Date:	10/22/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	08/25/2014

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 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 records presented for review indicate that this 50 year-old individual was reportedly injured on April 6, 2011. The mechanism of injury is noted as cumulative trauma of the left knee due to repetitive mounting and dismounting from a police motorcycle. The most recent progress note, dated July 15, 2014, indicates that there were ongoing complaints of left knee and neck pain. The physical examination demonstrated a well-developed, well-nourished individual who is 5'11", 210 pounds reported to be in no acute distress. A decrease in cervical spine range of motion is noted. Muscle spasm is noted in the trapezius on the right. The remainder of the physical examination is essentially noncontributory. Diagnostic imaging studies did not establish any acute osseous abnormalities. Previous treatment includes multiple medications, viscosupplementation, physical therapy, functional capacity evaluation, chiropractic care, and other pain management interventions. The work status, as of this progress note, is listed as not working. The injured worker last worked in May 2014. A request had been made for Terocin Pain Relief Cream (240gm) and Medrox Patches (#30) was denied in the pre-authorization process on August 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Pain Relief Cream (240gm): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Topical Compounds.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.26; MTUS (Effective July 18, 2009), pages 105, 112 of 127. Page(s): 105,112.

Decision rationale: Terocin is a topical analgesic containing Lidocaine and Menthol. MTUS guidelines support topical lidocaine as a secondary option for neuropathic pain after a trial of an antiepileptic drug or anti-depressants have failed. There is no evidence-based recommendation or support for Menthol. MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". As such, this request is not medically necessary.

Medrox Patches (#30): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Topical Compounds.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 112.

Decision rationale: Methyl Salicylate 20.00%, Menthol 5.00%, Capsaicin 0.0375%. The MTUS notes that topical analgesics are largely experimental and there have been few randomized controlled trials. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the clinical documentation provided, there is no documentation that a previous trial of oral antidepressant or anticonvulsant has been attempted. As such, in accordance with the MTUS the requested medication is not certified.