

<b>Case Number:</b>	CM14-0021977		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	05/14/2009
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of May 4, 2009. Thus far, the applicant has been treated with the following: Earlier knee surgery; right total knee arthroplasty; transfer of care to and from various providers in various specialties; electrodiagnostic testing of September 25, 2013, notable for an active left L5 radiculopathy; unspecified amounts of physical therapy over the life of the claim; epidural steroid injection therapy; and the applicant was again placed off of work, on total temporary disability. The applicant's medications profile was not discussed on this visit. In a progress note dated August 1, 2013, the applicant was in fact described as off of work, on total temporary disability. The applicant was apparently described as using topical Terocin lotion as early as January 11, 2013. At the same time, the applicant was also described as using Soma, Neurontin, and Nucynta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEROCIN LOTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 28-29, 112-13.

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

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental" to be used when trials of antidepressants and/or anticonvulsants fail. In this case, however, the applicant's ongoing usage of Neurontin, an anticonvulsant adjuvant medication, effectively obviates the needs for the largely experimental Terocin compound. Therefore, the request for Terocin Lotion is not medically necessary.