MAXIMUS Federal Services

Case Number:	CM14-0023870		
Date Assigned:	06/11/2014	Date of Injury:	09/16/2011
Decision Date:	07/17/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/25/2014

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 Illinois. 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 44-year-old female who reported an injury on 09/16/2011. The mechanism of injury was noted to be the injured worker slipped and fell onto a wet floor. The injured worker had a clinical evaluation on 04/29/2014 regarding her left lower extremity dysfunction. This progress note indicated previous physical therapy and medication therapy for range of motion and pain control. The injured worker continues to have pain in the left lower extremity. The evaluation indicated significant tenderness to palpation at the medial patellar facet as well as the synovial tissue immediately adjacent to this area. She had tenderness at the patellar tendon and at the proximal third and middle third junction. She did not have tenderness at the tibial tubercle. The evaluation continues to note that the injured worker still has quadriceps atrophy and inhibition as well as overall decreased active function in the leg. The examiner made a note in the assessment and clinical plan that the injured worker had obtained maximum medical improvement. The injured worker was to continue use of ibuprofen or Advil and last the injured worker is to continue a topical analgesic as the injured worker noted it was beneficial for her and allowed her to refrain from using the narcotic pain medicine. The provider's rationale for the requested Terocin lotion 1 bottle quantity 1 is provided within the last progress note. The Request for Authorization for medical treatment is dated 06/24/2014 and it is provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BOTTLE OF TEROCIN LOTION: Upheld

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

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

Decision rationale: The request for 1 bottle of Terocin Lotion is not medically necessary. Terocin is a topical pain relief lotion that contains methyl salicylate, capsaicin, menthol and Lidocaine. The California MTUS Chronic Pain Medical Treatment Guidelines identify documentation that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine in creams, lotion or gels, capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications; in that any compounded product that contains at least 1 drug or class of drug that is not recommended, is not medically necessary. The injured worker reported discomfort at a clinical evaluation on 04/29/2014; however, there was not a rate of pain on a pain scale or an adequate pain assessment. It is noted that the injured worker uses ibuprofen for pain control. There is a request for Terocin lotion as the injured worker indicated in the clinical review that use of topical analgesics had proven to be beneficial for her and allowed her to refrain from narcotic pain medicine use. However, Terocin contains at least 1 drug (Lidocaine) that is not medically necessary. Therefore, based on the guidelines and a review of the evidence, the request for Terocin is not medically necessary.