

Case Number:	CM14-0029987		
Date Assigned:	06/20/2014	Date of Injury:	08/22/1952
Decision Date:	07/17/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/10/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 61-year-old male who reported an injury on 05/31/2002 of unknown mechanism of injury. The injured worker had a history of little discomfort to bilateral knees with tingling down leg to ankle with a diagnosis of degenerative joint disease and status post total knee arthroplasty. The physical examination reveals right knee with well healed incision minimally tender, motion 0-125 degrees. The medications include vicoprofen, butalbital, terocin cream and lidocrem with no dosage or frequency given. The treatment plan includes Terocin cream apply twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 4oz 120ml Quantity 1.00: 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): 111,112.

Decision rationale: The request for Terocin 4 ounces 120 ml quantity 1 is not medically necessary. The California Guidelines MTUS indicate that topical analgesics are largely experimental in the use with few randomized controlled trails to determine efficacy or safety.

The primary recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compound as monotherapy or in combination for pain control. These have little or no research to support the use of many of these agents. Any compound product that contains at least one drug that is not recommended is not recommended. The uses of these drugs require knowledge of the specific analgesic effect of each agent and how it will be used for the specific therapeutic goal required. Lidocaine is indicated for neuropathic pain and is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The drug Terocin is a compound drug and therefore not recommended. The documentation provided was not evident of quantitative measures. The injured worker states that he had little discomfort and reported to physical therapy on 08/13/2013 that he had no pain. The documentation did not support the need for this medication. The request did not address the frequency of medication; as such, the request for Terocin 4oz 120 ml quantity of one is not medically necessary.