

Case Number:	CM14-0041401		
Date Assigned:	09/12/2014	Date of Injury:	10/04/2002
Decision Date:	10/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/12/2014

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 knee pain reportedly associated with an industrial injury of October 4, 2002. Thus far, the applicant has been treated with left and right knee arthroscopy; corticosteroid injection therapy; opioid therapy; viscosupplementation injections; and topical agents. In a Utilization Review Report dated February 19, 2014, the claims administrator denied a request for a topical Terocin cream. The claims administrator did state that the applicant was using a variety of oral pharmaceuticals, including Norco, in its denial. The applicant's attorney subsequently appealed. In a progress note dated February 25, 2014, the applicant received a Supartz injection. The applicant's medication list was not attached to the procedure note. On March 11, 2014, the applicant received a fourth viscosupplementation injection. Once again, the applicant's medication list was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin cream: 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.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as Terocin, as a class, are deemed "largely experimental." In this case, the applicant, per the claims administrator, is reportedly using and tolerating first-line oral pharmaceuticals, including Norco, without any reported difficulty, impediment, and/or impairment, effectively obviating the need for the Terocin compound at issue. Therefore, the request is not medically necessary.