

Case Number:	CM14-0046052		
Date Assigned:	09/05/2014	Date of Injury:	01/09/2013
Decision Date:	10/14/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/14/2014

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 Anesthesiology has a subspecialty in Pain Medicine 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 34-year old male who was injured on 01/09/13 sustaining left knee pain. The mechanism of injury was not disclosed in the clinical documentations provided for review. Neither the specific injury sustained nor the initial treatments rendered were not documented in the clinical notes submitted for review. Clinical note dated 01/10/14 indicated the injured worker is still complaining of knee pain and swelling, and feels tired after standing. Physical examination revealed tenderness over the medial joint space and Medio collateral ligament of the left knee. Clinical documentation indicated MRI showed some cartilage damage. The injured worker was given injection containing a mixture of Ken log and Lidocaine 1% through the patellar portal. Medications include Norco and Voltaren for pain. Clinical note dated 02/03/14 the injured worker indicated he has had no significant improvement in his symptom despite the previous injection. Left knee diagnostic arthroscopy was recommended, possible synovectomy and chondroplasty. Clinical note dated 03/25/14 indicated the injured worker underwent left knee arthroscopy with plica resection and partial meniscectomy. Clinical note dated 04/07/14 indicated the injured worker complains of pain with prolonged walking He is not using any assistive device. Examination revealed tenderness on the operative site, with no sign of infection. Treatment plan include Norco tab, Terocin lotion, and physical therapy. Clinical note dated 05/19/14 indicated the injured worker can walk better, and has had 9 sessions of physical therapy. He indicated the pain is not as severe as before. Clinical note dated 06/05/14 the injured worker reported 80% improvement since surgery. He reported pain with kneeling but is improving with home exercise program. The injured worker indicated Terocin lotion alleviates knee pain and allows him to avoid PO medications. Physical examination revealed no knee tenderness; ligament testing was negative and range of motion was normal. Clinical diagnosis includes chondromalacia, left knee. Medications include Terocin lotion, Norco 10-325mg tab,

and Voltaren 100mg tab. The previous request for the medication, Terocin, was non-certified on 03/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Terocin for the left knee (DOS 10/25/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111.

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Terocin lotion contains capsaicin, lidocaine, menthol and methyl salicylate which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Retrospective request for Terocin for the left knee (DOS 10/25/2013) is not medically necessary.